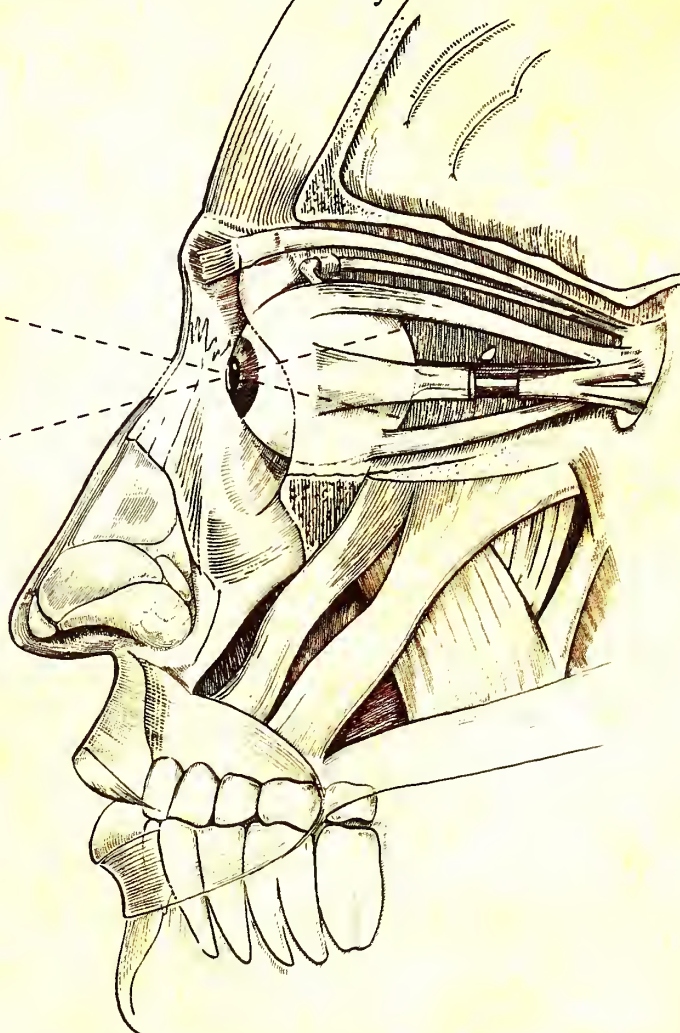


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### Birmingham man struck off for raffle theft

### Glaxo back PSNC on discounts

### Upjohn appeal on Halcion ban

### Pharmacy in a nutshell: a view from outside

### Minilabs make their mark

### Jan Leschly: from Wimbledon to the top at SB

### Research digest: stop NSAIDs before surgery

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## Comment

There was, inevitably, a rash of unflattering newspaper comment, particularly in local papers, following the release of the latest Consumers' Association survey into the quality of pharmacists' advice (*C&D* December 7). But a review of those papers which chose to follow the matter up beyond just printing the official Press release leaves a strong impression that the Consumers' Association by no means had the last word. This could be put down to good defensive PR by the Royal Pharmaceutical Society and the National Pharmaceutical Association — after all they had over a week to prepare their response since the results of the survey were available to them before being made public. It might also be due to the fact that people feel they do get a genuinely good deal from their pharmacist (as contrasted to consistently good advice — the Consumers' Association showed there is room for improvement on this score). One independent commentator in *The Times* (December 12) went as far as describing pharmacists as "the forgotten footsoldiers of the NHS". The interest of the Department of Health in fostering a wider role for pharmacists in preventative healthcare was also noted in a number of papers.

It is a shame the Press were not present in greater numbers at Barnet FHSA's launch of its High Street Health Scheme, to

see the other side of the coin (*C&D* last week). The event gave a clear indication of what one FHSA is expecting from its contractor pharmacists. But those pharmacists were at least provided with the tools to do the job in terms of an educational package to equip them more fully for a role in preventative care. If there is one point that both the FHSA and the Consumers' Association have served to highlight it is that, comprehensive though the pharmacy degree course may be, it requires supplementation. Barnet FHSA identified areas of weakness and devised their own education programme to fill the gaps. It is to be hoped other FHSAs will want to emulate Barnet's initiative, although it is becoming apparent that those areas with active, pushy LPCs are likely to get more from their FHSA. With the new Postgraduate Education Centre in Manchester due to start functioning in April, and variety of courses available from the NPA and elsewhere, it is up to practising pharmacists to make the most of what is on offer. Any pharmacist looking for a New Year resolution could do worse than promise themselves some further education in 1992! Everyone benefits.

On that note it remains only for the Editor and all the staff at *C&D* to wish all our subscribers a very happy Christmas and best wishes for, hopefully, a prosperous 1992.



# Mental health role offered in Liverpool

Community pharmacists in Liverpool are being invited to take part in a psychiatric pharmacy course in January and February, with a view to expanding the services they offer to mentally ill patients.

The course will comprise six sessions — two full days, the rest evenings and distance learning — at Liverpool School of Pharmacy and will cover the drugs used plus communication skills. It is the first step in a programme being co-ordinated by John Donoghue, a proprietor pharmacist and Liverpool Family Health Services Authority's pharmacist facilitator for mental health services.

For the past three or four months he has been researching ways in which more use can be made of community pharmacists in caring for the mentally ill. There are several proposals. The first would be to offer more specialised dispensing services such as monitoring prescribing and issuing compliance aids.

There is also a role for community pharmacists in monitoring medication in nursing or residential homes and hostels for young schizophrenics. "Many of the staff in these places are untrained and we need to know whether the patients are using their medicines correctly and if adverse drug reactions are being reported adequately," Mr Donoghue says.

"We also want pharmacists to liaise with GPs to develop protocols for prescription review, which would include protecting the patient from unnecessary medication and trying to prevent iatrogenic illness," he adds. Pharmacists could also become part of the practice team where GPs had heavy psychiatric case loads; in this context they

could advise on such topics as benzodiazepine withdrawal.

Finally, pharmacists could offer a confidential advisory service to patients and those who care for them at home. When psychiatric patients were asked whether they received enough information about the medicines they were taking, most of them said no, Mr Donoghue explains. Computer software for producing patient information leaflets has been commissioned and he has offered the local Alzheimers Association a monthly pharmacist advice surgery.

The projects are being funded by the Department of Health

through the family health services programme, with money being provided for independent audit as well as service development. As pharmacies will eventually be paid for their extended services it is only right that they should be adequately trained first, says Mr Donoghue, who hopes that up to 15 pharmacists from Liverpool's 126 community pharmacies will complete the whole course at the pharmacy school and that 40-50 will attend some of the sessions.

He believes the project will prove cost effective. Schizophrenics, for example, occupy more hospital beds than any

other patients and encouraging them to comply with their medication could keep them out of hospital and free valuable resources. His philosophy is that "we have to help people make good use of their medication and become more responsible for their own health, rather than being passive recipients of treatments."

Pharmacists interested in the training course can contact Mr Donoghue on 051-236 4747.

■ Pharmacist Christine Butler is investigating how community pharmacy services can be developed for the mentally ill in Nottingham. Local authorities and health authorities are being asked to bid for a share of £31.4 million being made available next year to help people who are mentally ill. The money is a specific grant from central Government to develop social care services.

## Tough decade ahead predicted for OTC products

Over the counter healthcare products are facing a tough decade with investment unlikely to give any short term rewards, according to a report by market analysts Euromonitor.

The world OTC market, valued at \$45,735 million in 1990, is forecast to grow slowly in real terms by 15 per cent to 1995 and by a further 15 per cent to the year 2000. Greatest growth is expected in Canada, France and Japan.

Factors working against OTC growth include the ageing population who more often receive prescription drugs, the prohibitive cost and time scale for introducing new products, and the industry infrastructure which is largely chemical-based in a society which increasingly looks for "natural" remedies.

However, Euromonitor believes government delisting of drugs from prescription to OTC status will be beneficial. Brands with a dispensing heritage have, says Euromonitor, been the most successful launches in recent years. Increased corporate and marketing activity, a rise in the popularity of preventative medicines, and the above average performance of nutritional and medicated skincare will also help.

A shift to preventive medicine is key to market development as it presents opportunities to market to the whole population rather than just to selective sufferers, says the report. As this trend evolves, OTC drugs will increasingly form a minor sector of a whole new approach to healthcare embracing natural treatments, health and fitness, home healthcare appliances and alternative medicines.

The type of healthcare products needed are likely to change, with more medicines required for problems like arthritis, chronic but stable conditions like diabetes, and

certain types of healthcare such as skincare.

A key feature of the industry has been the marriage of traditional pharmaceutical companies with consumer goods industries. Euromonitor predicts that the arrival of more consumer goods multinationals like Procter & Gamble will squeeze profit margins in the future.

## BPC: call for papers

The 129th British Pharmaceutical Conference will take place in Birmingham from September 7 to 10, 1992. Contributions are invited for the Pharmacy Practice Research session, which will be held on Monday, September 7 (poster session) and Tuesday, September 8 (oral and poster sessions).

The session will give the opportunity to convey the results of original work relating to any aspect of pharmacy practice. The research should have a practical relevance and application to social, economic, public health or clinical aspects of pharmacy.

The *Chemist & Druggist* award (a silver medal and £200) is made to the presenter of the oral communication judged to be of the best quality and presented in the best manner. The Janssen award (a £100 book token) will be made to the best first-time presenter of a communication. A £100 award given by Rybar Ltd will be made to the presenter of the best poster.

Intending contributors should contact Hazel Masted, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (telephone: 071-735 9141, extension 275 or 276). The closing date for submissions is April 24.

## Alternatives in NHS

GPs may give alternative therapies themselves or they can employ complementary therapists to offer NHS treatments within their practices, Stephen Dorrell, Parliamentary Secretary for Health, has confirmed. One of the fundamental principles of the NHS, he said, was that patients should be the responsibility of a registered medical practitioner and professionals offering alternative care should be clinically accountable to the registered practitioner. It was not a "referral" system whereby one registered practitioner refers a patient for treatment by another, but a "delegation" system where the GP asks another professional to provide care for which he remains clinically accountable.

## Cutting prescribing

Longer consultation times can cut GPs' prescribing, according to Edinburgh University's professor of general practice, John Howie. In a survey of Lothian GPs he found that doctors seeing fewer than eight patients an hour prescribed drugs in 42 per cent of consultations whereas those who saw more than eight an hour prescribed in 58 per cent of cases.

## No-smoking course

Pharmacists interested in attending smoking cessation workshops organised by the National Pharmaceutical Association and Lundbeck (C&D last week p992) should contact Antonia Betts on 071-602 7131.

## Right ingredients

Last week's article on haemorrhoids (p983) incorrectly listed the ingredients of Preparation H and Nupercainal. Preparation H contains shark liver oil and yeast cells, while Nupercainal contains cinchocaine hydrochloride.

## Restrictions on growth hormone test

The chief medical officer Dr Kenneth Calman has written to health authorities and paediatricians warning of the dangers of an insulin tolerance test used to determine how much growth hormone a child is producing.

The warning comes after the deaths of five children and reports of some near-fatal reactions, says a report in *The Independent* (December 17).

In his letter, Dr Calman says that the test should only be used in exceptional circumstances and under strict supervision of experienced consultants.



## PPA gives itself a pat on the back

"Outstandingly successful" is the way the Prescription Pricing Authority's chief executive Mr A. Hilton describes the year to March 1991, in the PPA's annual report.

Development work for the Indicative Prescribing Scheme, implemented in April 1991, was a dominant feature requiring a radical alteration to established working practices.

Equally as challenging was the effort needed to clear prescriptions in 14 working days or less, said Mr Hilton. This was achieved largely as a result of a new incentives scheme. A target performance of 2,800 prescriptions per peak period operator day had been achieved.

The occasional need to operate the 100 per cent advance payment system, a source of annoyance to pharmacy contractors, has largely been removed, Mr Hilton reported. At the start of the financial year a number of 100 per cent advances were necessary but the backlog was eliminated by September 1990.

"While it would be foolish to claim that the use of 100 per cent advances has been eliminated for ever, the introduction of revised working methods should ensure that they will not occur again for operational reasons so long as the requirement to reduce prescribing statements within the current monthly timetable continues," he said.

In the year to the end of March 1991, 363 million items were dispensed by pharmacists and appliance contractors in England (up from 356 million in 1989-90), 27 million by dispensing doctors (up from 26 million) and 7.5 million by doctors for personal administration. The total cost for the three categories were £2.4 billion, £197m and £34m respectively.

Analysis of prescriptions dispensed showed the average cost to be £6.74 for pharmacists, £7.30 for dispensing doctors and £4.64 for items personally administered by prescribing doctors. The same figures for the previous year were £6.33, £6.81 and £4.47 respectively.

When the average total cost per prescription was compared for family health services authorities within regional boundaries, the highest cost was found to be in Oxford (£7.41) and South West Thames (£7.34) while the lowest came in North Western (£6.34) and Mersey regions (£6.44).

The PPA annual report also shows that in the year to March 1991 there was a fall in the number of hospital FP10(HP) forms dispensed from 16,287,795 in 1989-90 to 15,930,155. This was the first time in ten years that there was a fall in the number of hospital forms issued for dispensing.



## Struck off for raffle theft

A Birmingham pharmacist who stole the proceeds of a children's hospital Christmas raffle has been removed from the Pharmaceutical Register.

David Wilson of 19 Sandmere Grove, Yardley Wood, Birmingham, whose eight year old son has a hole in his heart, stole the £175 raffle money which should have gone to the heart unit of the children's hospital, the Statutory

Committee was told. On December 7 last year he admitted two charges of theft and one of false accounting for which he received six months imprisonment, suspended for 12 months concurrent on each.

Between July 1986 and September 1987 Mr Wilson stole approximately £5,050 of money and stock from J.H. Wilkes Chemist Ltd. Then between August 1, 1989 and May 1, 1990 he stole

approximately £4,695 belonging to Fakirs Chemist, Jocelyn Hill, solicitor for the Society told the Committee in September when the hearing was adjourned until December 17.

Mr Wilson said he started working for Mr Wilkes in the Summer of 1986. He was paying rent on a flat and a 100 per cent mortgage on a house. "Finances were stretched. The mortgage rate had gone up an awful lot. I took out a top-up loan from one of the less desirable money lenders at a high interest," he said. Mr Wilkes learned of the thefts and rather than sacking him reduced his salary to pay for the stealing. He was given another chance, but then started stealing again.

He went to work at Fakirs Chemist in October, 1987 leaving in May 1988 after a disagreement but returning as a manager in August, 1989. "I was still in financial difficulties, there was another loan we were struggling to pay off. Again I started to make up my income by taking money from the till." Although he has not repaid Mr Fakir, he has repaid the money to the children's hospital.

Committee Chairman Gary Flather QC told him: "We strongly suspect a lot of your difficulties arose from an inadequate attitude in respect of your debts. Someone who is earning a good wage extracts no sympathy for stealing, from this Committee."

"We have here a case of substantial theft, almost £10,000, whilst acting as a manager. It is the worst category of breach of trust that one can have. When having been forgiven once he thanks that generosity by stealing again. We view such acts with utter repugnance. There is no alternative than to order that Mr Wilson's name be removed from the register."

Mr Wilson has three months to appeal.

## Overwork leads Bolton pharmacist to drug abuse

A 50 year old Bolton pharmacist who turned to amphetamines to relieve business pressures, is no longer fit to practice, the Royal Pharmaceutical Society's Statutory Committee has decided.

Colin Porter of Somerdale Avenue, Heaton, Bolton admitted that between March 10, 1988 and May 23, 1991, he possessed amphetamines and failed to maintain a proper Controlled Drug Register, when he appeared at Bolton Magistrates Court on July 2 this year. He was fined £750 on both charges and ordered to pay £25 costs. This was his second conviction, leading to his second appearance before the Statutory Committee.

Jocelyn Hill, for the Society, said the offences actually took place in the beginning of 1990, not 1989. "The offences related to dextedrine tablets taken from his two pharmacies."

Two drug squad officers called at one of his pharmacies in May this year at the Great Lever Health Centre in Rupert Street, Bolton. Inspection of the CD register showed a shortfall of 612 dextedrine tablets. Mr Porter also admitted taking tablets from his other pharmacy at Rishton Lane, Bolton.

Mr Porter appeared before the Committee in December 1988 on

two similar charges which resulted from his conviction in April 1988 for possession of dextedrine amphetamine. At the hearing, he had assured the Committee that his consumption had stopped and no further action was taken.

Giving evidence on Tuesday, Mr Porter said pressures began to build up when he acquired a second pharmacy in Rupert Street and began supplying Boumont Hospital with drugs. "An ever increasing workload requiring me to be on call 24 hours a day. I resorted to taking dextedrine to release the pressure. I stopped taking the drugs when the Home Office were making inquiries."

He then offloaded some of his work to relieve some pressure, but then began to supply nearby nursing homes and he lost a pharmacist. "I felt unable to cope and I found myself resorting to dextedrine." He is now in the process of selling his business and hopes to retire from the profession but said he wanted to retain a semblance of dignity.

Chairman Gary Flather QC, told him: "This Committee must at all times take a dispassionate view. We have to take into account the public interest and the public's confidence. It is hurt when pharmacists lapse into self-abuse."



# Upjohn to appeal against Halcion withdrawal

Upjohn Co are to appeal against the Committee on Safety of Medicines' latest recommendation that the product licence for Halcion be revoked.

Upjohn can request an appeal hearing before the Medicines Commission by means of procedures established under the Medicines Act. "We intend to pursue this appeal process by exercising all our rights and options," says Keith Krzywicki, managing director of the company's UK subsidiary, Upjohn Ltd.

The Medicines Commission will be asked to undertake a complete review of Halcion safety data and to make recommendations to the UK licensing authority. Since the UK suspension on October 2, both the European Community's Committee for Proprietary Medicinal Products and the US Food and Drug Administration have undertaken reviews of Halcion.

The CPMP decided last week to support the labelling and packaging changes it recommended in October which would limit Halcion to short-term use. According to EC legislation, the CPMP must

immediately inform member states which are required to decide on a course of action within 60 days. While CPMP opinions are not binding on national regulatory authorities, they are intended to

encourage a co-ordinated approach by member states to regulation.

The Committee has also decided to extend its review from Halcion to all short-acting hypnotics.

## Peak flow meter prescribing levels disappointing

The use of home peak flow meters has risen only three per cent since they became available on prescription, according to unpublished research presented at the British Thoracic Society's recent Winter meeting.

The study found that 14 per cent of patients referred to a respiratory outpatient clinic in the 11 months after the meters were allowed on FP10, had peak flow meters (*Pulse* December 14).

An additional study presented at the same meeting found that only 7 per cent of GPs can use a pressurised metered dose inhaler properly and many do not give adequate instructions to their patients.

Of the 44 GPs tested, only three passed a test to check that activation of the inhaler was co-ordinated with inspiration; inspiratory flow rate did not exceed 70 litres/min; breath was held for 10 seconds; and that at least 500ml was inspired.

In a questionnaire, 95 per cent of the doctors said they prescribed inhalers frequently and two thirds believed their patients could use them adequately.

■ Improved GP management of asthma has been identified as a key factor in the fall in deaths in the UK (*Pulse* December 7).

A 6.5 per cent fall in asthma-related deaths in 1990 continues a downward trend since 1988.

## FHSA gets Glaxo grant

A £2,000 grant from Glaxo Pharmaceuticals is enabling Hillingdon Family Health Services Authority to organise an on-going campaign to dispose of unwanted medicines returned to pharmacies.

Administration manager Carol Edwards told *C&D* that the money will be used to pay a company to collect and dispose of unwanted drugs on a six monthly or possibly a yearly basis. It would also be used to supply containers for the returned medicines and posters to alert the public to the scheme.

Ms Edwards is hoping that the money will cover the first year's running costs and that Glaxo will continue their support if it proves successful. The scheme may start as early as February next year. Although local contractors have not yet been sent details, the FHSA's Pharmacy Communication Committee supports the scheme.

Next on the FHSA's agenda for community pharmacy are discussions on a scheme to use pharmacy referral cards which are sent to GPs.

Ms Edwards also reported that Hillingdon's recently launched prescription pre-payment certificate scheme (*C&D* August 17 p269) was progressing well.

## PSNI COUNCIL

### PR committee proposed for Northern Ireland

The General Purposes Committee of the Pharmaceutical Society of Northern Ireland feels "very strongly" that a Public Relations Committee should be formed, the PSNI Council meeting heard on November 21.

Council agreed that the Pharmaceutical Contractors Committee, Ulster Chemists Association and the Guild of Hospital Pharmacists should be asked if they would like to nominate two representatives to act on a steering committee under the chairmanship of the PSNI president.

Council noted that the Royal Pharmaceutical Society of Great Britain was not yet in a position to permit the Northern Ireland Society to "buy in" to its assessment examination but the RPSGB would notify the Society as soon as something definite could be put forward.

Following a confidential vote, Mrs Dorothy Graham, a general practice pharmacist working in the Ballyclare district, has been co-opted to Council.

The president reported that Council had received a "most generous" donation of £200 from the Ulster Chemists Association for the Benevolent Fund. This was part of the ballot held during the annual UCA President's Evening.

Council agreed that Professor Li Wan Po, director of the School of

Pharmacy, Queen's University of Belfast, should be nominated to act on the Committee on Safety of Medicines. The PSNI will make its five-yearly visit to the School on February 20-21 next year.

The Women in Pharmacy Group had approached the PSNI to

enclose a leaflet about their organisation with the next circular to members. Council agreed that this should be done.

An application by Park Pharmacy Ltd, 37 Killyleagh Street, Crossgar was granted for pre registration training.



Sheelagh Hillan of Randalstown has been installed as president of the Ulster Chemists' Association. Mrs Hillan, a graduate of Queen's University of Belfast, registered in 1973. She has also served on the Northern Health Board and is currently chairman of the Pharmaceutical Committee of the Central Services Agency. Mrs Hillan was installed as UCA president by outgoing president Verus Reaney

## More high risk R&D

The proportion of international pharmaceutical companies' research and development activities related to high risk projects has increased over the last decade, according to the December issue of *Centre for Medicines Research News*.

Although virtually all those companies questioned are investigating cardiovascular drugs/diuretics and developing products which act on the central nervous system, many identify their key strategy as looking for breakthroughs in new therapeutic areas, says the report.

Attrition rates vary considerably between companies with the Japanese appearing to bring a higher proportion of synthesised products to the market — one in 2,200 as compared to the UK and US mean of one in 5,000.

There are also clear preferences for the US, UK and Japan, in that order, when companies were asked to state their choice of location for R&D facilities.

The total expenditure on pharmaceutical R&D in the 11 major pharmaceutical-producing nations increased almost three fold from \$5.4 billion in 1981 to \$15bm in 1988, the report continues. Three countries — USA, Japan and West Germany — account for over 60 per cent of total R&D expenditure with the UK sixth.



## No help on shop security

While a number of family health services authorities are offering GPs help to avoid violent attacks and thefts, similar schemes are not being extended to pharmacies.

Nottinghamshire FHSA is offering discounts to GPs on safes and security devices for their cars after a spate of vandalism and thefts. However, the Authority's Bernadette Maughan confirmed that at present there were no plans for similar help for pharmacists.

The existence of a reimbursement scheme for GPs — the Improvement Grant Scheme — enables the FHSA to offer this type of assistance, she said. However, because there is no comparable scheme for community pharmacists there is no money available.

In Kirklees, the FHSA is offering GPs, and their practice staff, training on how to handle difficult patients. The course, which starts in January, will run until April on a number of half days.

Steve Ainsworth, director of service development at Kirlees FHSA, told *C&D* that the scheme had been prompted by a specific attack on a doctor. The FHSA considered it was potentially a large problem for the medical profession.

The Authority plans to review the course and consider whether to offer it to other professions.

On a more positive note, Hillingdon FHSA has recently implemented a voluntary visiting scheme to community pharmacies looking at a number of aspects including access for the disabled and health and safety at work. This follows similar schemes for doctors and dentists in which HSE leaflets were distributed.

## Breast sensor 'encouraging'

A clinical evaluation of the Sensor Pad, a silicone device for breast self-examination, is showing promising results in a UK trial in spite of criticism that it could cause anxiety in younger women.

The device is claimed to enhance the sense of touch and make lumps feel more pronounced. But last week's *GP* quotes breast experts as saying that young women using the device for the first time could be alarmed by the numbers of lumps revealed, many of them too small to be picked up by normal finger examination. One expert said this did not necessarily matter if both breasts were examined and differences noted.

Mike Lowe, director of UK distributors Vale Trading, told *C&D* that clinical studies in the USA had all been favourable. He was "encouraged" by the way a study was progressing at University Hospital of South Manchester and the results would soon be published.

## The Which? report and the benefit of hindsight

With heavy editorials in the pharmaceutical Press last week there seemed little I could add to the universal cry of indignation that preceded the reporting on radio, television and in the Press of the latest Consumers' Association survey into advice given by community pharmacists. That remained so until I was able to look back on the whole sorry episode with the benefit of hindsight.

I walked into the pharmacy the morning the news broke expecting the worst with worried patients deserting in droves to the safety of the local surgery and garage forecourt, but what actually happened was... nothing! It was as if the report had never occurred and in dealing with as many consultations that day as I have ever done I detected neither condemnation nor sympathy. As a profession we are very sensitive to criticism, reacting defensively like a wounded stag at bay, but we forget that patients have already confounded the lie of the report because they know they always receive reliable advice from *their* pharmacist. After all, they have almost been brought up in the shop and their pharmacist may still talk fondly of their Auntie Flo and Granny Eve, having known the whole family for years.

I have criticised nimbysism in the past but this time it is probably our saviour. Yes, this *Which?* report is damaging and we will have to try harder. Yes, I still resent the method of research which is as questionable for what it doesn't say as for what it does, but when you multiply all those patients who willingly return to their local community pharmacy, having already rejected the report as irrelevant to them by the number of community pharmacies, you have a maintenance of the *status quo* and a report which probably does more damage to our egos than our individual reputations.



## The public's perceptions of necessity

It seems that the public's perception of "necessity" is strongly dictated by whether they live in a rural or non-rural area. In Wolverhampton a sustained public campaign for the opening of a pharmacy at Tettenhall Wood has resulted in an appeal decision in favour of the opening (*C&D* last week p968) yet in the Lincolnshire village of Welton an estimated population of 4,000 apparently have no desire to avail themselves of that service (*C&D* p967). That particular application has yet to go to appeal but before making their decisions FHSA's should be seriously asking why there is such a large apparent discrepancy in public opinion. It is said that the health service must adapt to provide the service desired by the public. I question whether the public really understand what that service is there to provide.

## Some Christmas cheer

Christmas is almost over and a new year about to begin. As usual I was not invited to the Benn Brothers Christmas bash but instead have to stay in the shop enjoying the challenges of this, the busiest time of the year!

I cannot say the past year has been easy with recession a reality which has affected the counter turnover but without a compensatory fall in expenses which have continued their inexorable rise. The number of local retailers, however, who have shut prevents me from complaining too much because prescriptions have not fallen and with the resultant NHS income as the backbone of my business I am sure I will survive when the less fortunate have already ceased trading.

For these and the unemployed, times are indeed hard and we should all spare some moments of thought for those less well off than ourselves. I always give a special Christmas present every year to the same charity knowing that my small contribution will make someone's problems a little easier to bear. I do it because I want to and expect no thanks, but without similar gifts I know this season of good cheer would be a poorer time for many. I make no apology for attacking your consciences because, despite our problems, we are still better off than most. No one will ever know but I would like to think that my nagging will encourage 10,000 other pharmacists similarly to help those less fortunate than ourselves.

Meanwhile I thank all those contributors who allow me to make battle on their behalf and those whose blows in return are as good as my own. I try not to take the privilege of anonymity lightly but enjoy the advantage of a large wooden spoon. I cannot see much economic light at the end of the 1992 tunnel and expect next year to be as hard as this but despite all the problems I enjoy what I do. In looking forward to an exciting New Year may I wish you all a very happy Christmas and a prosperous New Year and, as Dave Allen says: "May your God go with you".

# Topical REFLECTIONS



# Scriptspecials

## Timecef: a new cephalosporin

Roussel Laboratories have introduced Timecef (cefodizime), a broad-spectrum bactericidal cephalosporin with high beta-lactamase activity, formulated for parenteral use.

**Manufacturer** Roussel Laboratories Ltd, Broadwater Park, North Orhital Road, Denham, Uxbridge, Middlesex UB9 5HP

**Presentation** Vials containing 1g cefodizime disodium as white to yellowish-white powder

**Uses** Lower respiratory tract infections such as pneumonia, bronchopneumonia. Uncomplicated and complicated upper and lower urinary tract infections including acute and chronic pyelonephritis, cystitis

**Dosage and administration** Timecef may be administered intravenously or intramuscularly. Individual intramuscular doses should not exceed 1g. **Adults and the elderly:** Lower respiratory tract infections, 1g should be administered every 12 hours; urinary tract infections, 2g daily as a single dose or 1g every 12 hours. Timecef should not be used in children. Lower doses are required in renal impairment: for

dosage see Data Sheet

**Contra-indications, warnings etc.** Known sensitivity to cephalosporin antibiotics or lignocaine (intramuscular injection is constituted with lignocaine only). Discontinue treatment if any allergic reaction occurs. Not advised during pregnancy and breastfeeding. Caution in patients receiving potent diuretics or potentially nephrotoxic antibiotics

**Side-effects.** Allergic reactions (skin eruptions, urticaria and fever); nausea, vomiting and diarrhoea; eosinophilia; transient elevation of

transaminases. As with all cephalosporins, pseudomembranous colitis may occur rarely

**Pharmaceutical precautions** See Data Sheet for instructions for reconstitution. Store the dry powder vials at room temperature below 25°C. Protect from light.

**Supply restrictions** POM

**Pack** Carton of ten vials each containing 1g cefodizime sodium (each £11.32 trade)

**Licence number** PL0109/0235

**Issued** December 1991

### Medical Matters

## Sugars linked to arthritis

Research carried out at Oxford University which studied the sugars coating living cells in relation to rheumatoid arthritis was the subject of Channel 4's "Equinox" programme (December 15).

In RA, certain of the body's antibodies are triggered to attack other antibodies, seeing them as "foreign". By focusing on the sugar rather than the protein component of these antibodies, an abnormality was revealed — a galactose sugar missing from each of the molecule's sugar chain. This change, resulting in what is termed the "Gal Zero" antibody, is sufficient to make the body think the antibody is foreign.

The identification of Gal Zero means that, for the first time, scientists have a biochemical marker for RA and although it could be years before they learn how to "mend" the molecules, the discovery has important short term implications, said the report.

An antibody assay kit has been developed allowing doctors to detect Gal Zero with over 90 per cent certainty. Using this, researchers have shown that patients who go on to develop RA have levels of Gal Zero in their blood before symptoms develop and the levels present are an indication of future severity.

Levels of raised Gal Zero were also found in patients suffering from tuberculosis and leprosy, both of which are caused by Mycobacteria infections. By culturing fluid from the knees of RA patients, scientists have detected Mycobacteria. By using a harmless species of this bacteria, a vaccine against RA has been developed and although it is still early days, one or two patients have responded positively.

## Cyclosporin metabolism

Research in this week's *Lancet* has indicated that the poor oral bioavailability and drug interactions of cyclosporin may be partly due to intestinal metabolism.

The small intestine is rarely thought of as an important site of drug metabolism, but these observations might also be relevant to the poor oral bioavailability of other substrates of cytochrome P450III<sub>A</sub>, including erythromycin, lignocaine and oestrogens.

Although cyclosporin is widely believed to be exclusively metabolised in the liver, the research showed the small intestine to be a major site of cyclosporin

breakdown.

Researchers investigated whether first pass metabolism of cyclosporin in the gut could partly account for its poor oral availability, since the principal enzyme, cytochrome P450III<sub>A</sub> (which produces the three major cyclosporin metabolites) is also found in enterocytes.

Cyclosporin was instilled into the small bowel of two patients during liver transplantation and cyclosporin metabolites in portal blood were measured. Striking extrahepatic metabolism which most likely occurred in the small intestine, was found.

## Bronchodilators on demand

Results from the first long-term study comparing continuous and "on demand" bronchodilator therapy has concluded that bronchodilators should not be used continuously. A combination of bronchodilators and inhaled corticosteroids is advised when the need for bronchodilators increases.

The two-year study, conducted by researchers in the Netherlands (*BMJ*, Dec 7), is said to be the first study lasting long enough to establish an effect on the decline in ventilatory function (measured as decline in forced expiratory volume, FEV<sub>1</sub>), generally believed to be the most important measure of progression of asthma or chronic bronchitis.

A total of 223 patients aged over 30 with moderate airway obstruction due to asthma or chronic bronchitis were randomly assigned to one of two treatment groups. They received either continuous daily treatment with

four dry powder inhalations (each of 400 mcg salbutamol or 40mcg ipratropium bromide); or dry powder inhalations of salbutamol or ipratropium bromide during exacerbations or periods of dyspnoea only.

Continuously-treated patients showed an annual decline in FEV<sub>1</sub> that was three to four times higher than in patients treated on demand. This might be explained by bronchodilators failing to influence the inflammatory processes underlying the disease, leading to adverse effects.

However this decline was not accompanied by a significant increase in symptoms or a perceived poorer quality of life. So continuous bronchodilator therapy alone may mask the decline in ventilatory function and suppress the subjective need for additional anti-inflammatory treatment.

Bronchial responsiveness increased slightly with continuous

treatment in chronic bronchitis, but exacerbations, symptoms, and quality of life were unchanged.

The authors caution that patients may be even more misled by the apparent wellbeing produced by the newer longer-acting beta adrenergics, as they are more effective in suppressing symptoms such as morning dyspnoea. Treatment with these should therefore not be a substitute for treatment with inhaled corticosteroids.

The study also found that salbutamol and ipratropium bromide had comparable effects on decline in ventilatory function, change in bronchial responsiveness, respiratory symptoms, number of exacerbations and quality of life.

Yet patients treated on demand preferred salbutamol, probably due to its more rapid bronchodilating effect which is apparent within five minutes compared with 15-30 minutes for ipratropium bromide.

### BiCNU back in stock

Bristol Myers Squibb say that supply problems with BiCNU have now been resolved, and the product is available again through the usual distribution channels. **Bristol-Myers Squibb Pharmaceuticals Ltd. Tel: 081-572 7422.**

### Epogam distribution

Epogam, Epogam paediatric and Efamast from Scotia Pharmaceuticals will now be marketed and distributed by G.D. Searle & Co Ltd. Tel: 0494 521124.

### Migralift 12s go

Migralift 12s are no longer available; the product is being replaced by Migraleve 12s with immediate effect and Charwell Pharmaceuticals say that customers asking for Migralift should be advised to purchase Migraleve 12s instead — the formulations are identical. **Charwell Pharmaceuticals. Tel: 0420 84801.**



# Counterpoints

## UK gets Peaudouce Step By Step

Peaudouce are launching their Step by Step range of disposable nappies to UK retailers in the second week of January, following a successful French launch earlier in May.

Step By Step — catering for babies from 8-55lbs — incorporates new anti-leak leg cuffs which direct leaks to the heart of the nappy, while waistshield guards protect against leaks around the baby's tummy. A new fit guide allows for correct positioning of the nappy.

The range is designed to meet the needs of the growing baby at every stage, say Peaudouce.

There are four variants — Newborn, a unisex design with a pulp core cut away to protect the navel area; Baby which comes in two sizes; Action, designed for older



babies; and Junior which also comes in two sizes and is designed to cope with

heavier but less frequent wettings. Prices are yet to be confirmed.

The new range will be supported by a £5 million promotional programme, including television and Press advertising, sponsorship and sampling activity designed to reach 62 per cent of new mothers. Activity will commence with a national trial campaign in the women's Press. **Peaudouce UK Ltd. Tel: 0952 680044.**

## Roc add treatment mascara

Roc have added a cream treatment mascara to their range of cosmetics.

Intense Colour mascara is said to thicken and lengthen lashes, as well as protecting them with hydrolysed proteins and pantothenol. Also included are carnauba wax and a cellulose derivative to ensure long lasting colour.

The mascara is fibre-free and suitable for sensitive eyes and contact lens wearers. It comes in three colours — brown, black and navy (£7.25). Point of sale material, including counter and window cards, is available.

Roc are also relaunching their Jour+ active day cream, with a new formulation to improve its texture. Cetylphosphate is said to give the product a more unctuous consistency. The relaunched product (30ml £7.95) will be promoted at point of sale together with the rinse-off facial cleanser.

**Laboratoires Roc Ltd. Tel: 0273 517704.**

## Christmas closures

The following companies will be closing for the Christmas holidays:

**Opal Products:** from December 24 until January 2.

**APS/Berk:** from 12 noon on December 24 until January 2.

**Parke-Davis and Warner-Lambert Healthcare:** from noon December 24 until January 2. The order department will be manned between 8am and 1pm on December 23, 27 and 30 (0495 762468 and for emergencies at other times).

**Glaxo Pharmaceuticals:** from noon December 24 until January 2. For emergency inquiries tel: 081-990 9000.

**John Richardson Computers:** Closed December 25, 26 and January 1.

**The Proprietary Articles Trade Association** will be closed on December 25-27. A telephone answering service (0923 211647) will, however, be in operation and calls will be monitored daily.

## Babycall reassurance

Adam Leisure have added the Babycall baby monitor to their Safe & Sound range.

The monitor works over a range of 250ft and claims to give clear reception (£40).

Both receiver and transmitter are mobile.

Babycall can be mains or battery powered. **Adams Leisure Group plc. Tel: 0423 501151.**

## Unichem New Year offers

Unichem have three new promotions for the New Year.

In conjunction with Smithkline Beecham, pharmacists will be awarded points which qualify for free gifts with every purchase from the Beecham cough and cold treatments range.

On orders of six packs from Sterling's Panadol range pharmacists will qualify for a European competition. Ten correct entries will receive Sealink vouchers each worth £150, redeemable against travel to over 40 destinations. Twenty runners up will receive Sterling Health track suits.

Unichem have teamed up with Gillette in a promotion to coincide with the launch of new Gillette shave foams. Orders of six dozen packs of Gillette gel or the new foam will receive a free polo shirt. **Unichem. Tel: 081-391 2323.**

## Cow & Gate babymilk

Cow & Gate are rationalising the sizes of their Premium and Plus babymilk ranges. In response to increased sales of the 200ml size, the 100ml size will be phased out, although it will still be available in hospitals.

Senior product manager at Cow & Gate Nick White says the 200ml size accounts for 80 per cent of sales of the product. **Cow & Gate Ltd. Tel: 0225 768381.**

## More Unichem ibuprofen

Unichem are extending their ibuprofen range to include packs of 48 and 96. Pharmacists can purchase outers of 48s for £11.52 (£1.75 each) and 96s for £23.29 (£3.50). **Unichem. Tel: 081-391 2323.**

## Imperial Leather gets sporting addition

Cussons are moving into the sports toiletries sector with the launch of Imperial Leather Sport shower gel.

Designed for use after sport, the shower gel comes in two variants. Cooling Action Sport contains menthol to cool the skin, while Deodorising Sport contains Irgasan.

The product will retail at £1.59 (225ml) and Cussons are running a launch offer of 50p off next purchase on all packs until January. **Cussons Ltd. Tel: 061-792 6111.**





# New look, new products for Louis Marcel

The Louis Marcel depilatory range has been repacked, giving it a more up-to-date look, and two new products have been added.

The new design, says the company, maintains the strengths of the old packaging and the Louis Marcel logo, with the aim of appealing to both new and existing customers. The new packs now feature full ingredient labelling and a "Not tested on animals" statement.

The two new products are hair remover cream (100ml £2.95, 50ml £1.85), containing calendula and vitamin E, and facial hair remover cream (£2.45), a two step treatment comprising perfume-free remover and aftercare cream. **Sara Lee Household & Personal Care. Tel: 0753 523971.**

## Marigold gloves toughen up

LRC Products have relaunched their Marigold Extra Life and Light Touch house gloves.

Both brands have been repacked giving them a brighter image. The gloves are now longer lasting thanks to an improved synthetic rubber coating and improved puncture resistance. They also have longer cuffs for extra protection. Prices will remain unchanged, say **LRC Products Ltd. Tel: 081-527 2377.**

## Andrexx promote to chemist sector

Andrexx are promoting their toilet tissue to the independent, allowing retailers to claim between £5 and £20 by collecting proofs of purchase from two roll packs.

For consumers there will be 1,000 Andrexx toy puppies on offer in a competition. Claims for the cash bonus can be made until January 31 and the consumer competition closes March 31. **Scott Ltd. Tel: 0342 327191.**



## Colgate increase ad spend by 42 per cent

Colgate-Palmolive are planning to invest £17 million in a series of major UK advertising campaigns on their oral care products in 1992 — an increase over this year's spend of 42 per cent.

The advertising programme will include on-going support for Colgate toothpastes, toothbrushes, Actibrush and the recently acquired Plax. Sales promotions and public relations will support the advertising activities.

"The oral care sector is a significant growth area for us and our extensive

advertising spend indicates our determination to drive market growth and further strengthen market leadership in each segment," says Colgate's marketing manager for oral care products, Andy Weston-Webb. **Colgate-Palmolive Ltd. Tel: 0483 302222.**

## Fittydent gives staying power to dentures

General Medical Equipment Co have been appointed UK suppliers of new Fittydent denture adhesive.

Fittydent is said to provide a secure bond between tissue and denture, preventing denture drop and sideways movement. It also allows cleaning of dentures without removing them. The

product will not wash out and there are no chemicals that will irritate the stomach, says the company, and it has no taste.

Fittydent will be supported by regional and national Press advertising. **General Medical Equipment Co Ltd. Tel: 0380 870774.**

## Mousse shampoo for babies and kids

Jolinda International are marketing a baby shampoo made by Revlon USA. Called Care For Kids, it is a mousse formulation which the company says will not drip or spill into a baby's eyes.

There are two variants — one for babies and one for children (£2.95 each). The top of both packs has a safety lock.

The trade price for an outer is £21.12 with the introductory offer of one free product per dozen ordered.

Care For Kids will be advertised in the parental Press from February. **Jolinda International. Tel: 0923 828762.**

## On TV Next Week

GTV Grampian  
B Border  
BSB British Sky  
Broadcasting  
C Central  
CTV Channel Islands  
LWT London Weekend

C4 Channel 4  
U Ulster  
G Granada  
A Anglia  
TSW South West  
TTV Thames Television

TV-am Breakfast  
Television  
STV Scotland (central)  
Y Yorkshire  
HTV Wales & West  
TVS South  
TT Tyne Tees

<b>Actified:</b>	All areas except U
<b>Alka Seltzer:</b>	HTV, CTV, TSW, LWT, TTV, TT, C4 & Sky
<b>Andrews Antacid:</b>	All areas except U, CTV, LWT
<b>Askit Powders:</b>	STV
<b>Benylin:</b>	TV-am
<b>Colgate, Actibrush:</b>	All areas
<b>Colgate, Great Regular Flavour:</b>	All areas
<b>Cough Caps:</b>	All areas
<b>Dimension:</b>	All areas
<b>Halls Mentholiptus:</b>	All areas
<b>Oral B Plaque Remover:</b>	All areas
<b>Pure &amp; Simple:</b>	TV-am
<b>Seven Seas Pure Cod Liver Oil:</b>	All areas
<b>Slim Fast:</b>	All areas
<b>Solpadeine:</b>	C.A., TVS, TTV
<b>Sure for Women:</b>	All areas except CTV, STV, TVS, TV-am
<b>Wrigley's Extra &amp; Orbit:</b>	G.A., HTV, TSW, TVS & LWT

## Pharmaton

From January 1 Pharmaton will be distributed by Windsor Healthcare rather than Unichem. **Windsor Healthcare. Tel: 0344 484448.**

## VO5 on TV

Alberto Culver are advertising their VO5 haircare range on television with a £2.5 million campaign that runs until the middle of January. **Alberto Culver. Tel: 0256 57222.**

## Fish promotion

Lanes are supporting their Lanepa fish oil supplement with a Press campaign in women's magazines such as *Practical Health* and *Women's Journal*. The company has just completed their first mail out to over 10,000 pharmacists. The brochure takes a humorous approach, looking at the benefits of fish oil supplements. **(Distributors) Ernest Jackson. Tel: 0363 772231.**

## Insignia support

Procter & Gamble are supporting their Insignia range during the pre-Christmas period, continuing until Spring.

There will be extra value packs of the anti-perspirant, deodorant and body spray, with 25ml extra. A sampling campaign for Insignia Olympia will offer 600,000 people a 2ml aftershave and Biactol sample. **Procter & Gamble. Tel: 0784 434422.**

## Friendly support

Lofthouse of Fleetwood are spending £500,000 on a new campaign for Fisherman's Friend lozenges, starting in the New Year.

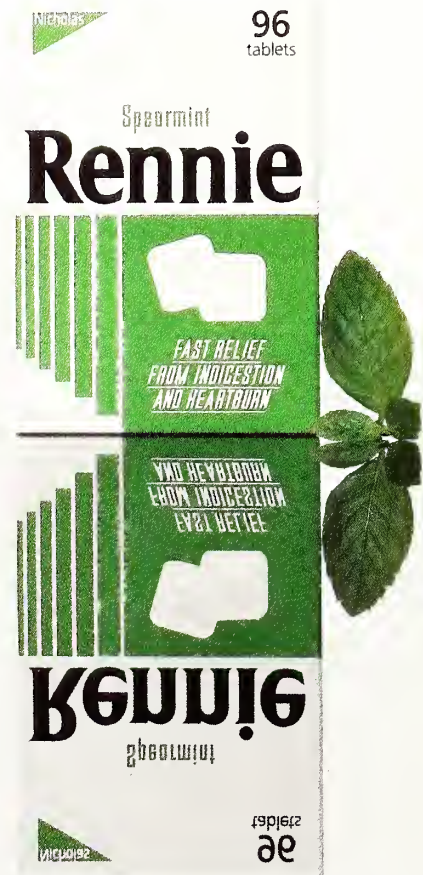
Advertisements will appear in the national Press, based on the theme "Never underestimate the power of a Fisherman's Friend". The campaign will run until February 14. **Lofthouse of Fleetwood. Tel: 0253 872435.**



# There's very little to choose between the two top-selling indigestion remedies.



(It's just a matter of taste.)



Rennie relieves more people in Britain than any other indigestion remedy. Rennie Digestif with its clean, fresh peppermint flavour, has now been the market leader for well over forty years.

As for Rennie Spearmint, it launched the Spearmint Sector back in 1983 and has topped it ever since, with a

brand share four times that of its nearest rival\*

Together, the two Rennie brands account for over 45% of the total market. And with another heavyweight TV campaign planned for the New Year, it would be well worth stocking up on both flavours now.

You're sure to notice the difference.

**Rennie**

\*Independent Retail Audit Sept/Oct 1991. Rennie is a registered trademark.



# Points of law

## Covenants to stay open

As more and more shopping malls and arcades are opened tenants are finding that a common covenant is that he or she must remain open for business during normal shopping hours. The same can apply to a shop in a small parade. It can be an expensive covenant so far as a tenant is concerned.

The aim from the landlord's point of view is to protect the reversion. Rents on new lettings or on review will be seriously affected if a number of units in the mall are closed. There have been two recent cases which have shown how expensive such a covenant may be in times of recession.

In the first case *Costain Property Developments Ltd v Finlay & Co Ltd* there was a covenant to stay open for business. A year after taking the lease the defendants had been making losses on the premises and decided to shut up shop. Unfortunately at the same time the landlords decided to sell their interest. Because the shop was shut they obtained substantial damages.

In the second very similar case *Transworld Land Co Ltd v J Sainsbury* the retailers were an



### **"Tenants can negotiate concessions on shopping mall premises even in these difficult times"**

"anchor" tenant who decided to close down the shop. This had a knock-on effect and new tenants were able to obtain concessions. Other tenants had to pay less than might have been expected on rent reviews. Over £100,000 damages were awarded against Sainsburys for their failure to keep open during usual business hours.

Large companies who decide to pull out of arcades are, of course, more vulnerable but there is no reason why actions should not be brought in similar circumstances against smaller business who have taken leases.

It does show also that concessions can be negotiated by tenants even in difficult times.

## Companies' records

Now that space is at a premium it is a good time to look and see if all those old records of your company can be safely destroyed. The Companies Act 1985 provides that a private company must retain its records for three years — double in the case of a public company — and that that period runs from the date on which the records were made. The records kept must explain the company's day-to-day transactions. They must also detail the assets and liabilities of the company.

But it is not just the Companies Act to which attention must be paid. VAT regulations require that all records be kept for six years. These include both day and cash books, ledgers, sales and purchase invoices, petty cash books and audit till rolls. In fact anything which the inspectors would need to carry out an audit.

This will produce a mountain of paper over the six years and if you wish to dispose of the documents before the end of the period then you should obtain the written permission of the Customs and Excise.

But that isn't the end of the matter. There are still PAYE and NIC records to be kept for six years after the end of the relevant tax year. You must keep them even if the employees paid neither tax nor NIC contributions.

## Rival businesses

One very real worry for a businessman is that his employees will suddenly up and leave to set up their own business as a rival concern. They will have gained the confidence of their employer's customers, and the fear is they will take them over to the new business. Is there any way in which an employer can prevent this?

For a start, unless there is a written contract there is nothing which can be done. Even if there is such a contract it is still very difficult to impose restrictions on a person leaving your firm. Such contracts are what is called "in restraint of trade" and the law is very strict on what it will, and will not, allow.

For example, if it considers an agreement not to open a business in say a ten mile radius of your own, is too wide, it will not reduce the radius to a more reasonable one. It will merely strike out the clause altogether. If you are thinking of trying to impose such a covenant on your employees then you must see a solicitor first.

## Age and employees

Although there have been a number of efforts to introduce legislation to protect against age discrimination in the United Kingdom, with the exception of protection afforded by the Sex Discrimination Act 1986 these efforts have been unsuccessful.

The Institute of Personnel Management has recently issued a booklet *Age and Employment* which suggests

that because of discrimination on the grounds of age there is under-utilisation of key sectors in the labour market. It believes that age is a poor predictor of job performance and it is misleading to equate physical and mental ability with age.

Copies are available free with a SAE from the Institute at IPM House, Camp Road, Wimbledon, London, SW19.

## Negligent surveyors

If you employ a surveyor to carry out an inspection of an office block, a shop or a house and he negligently fails to tell you of defects in the premises are you entitled to claim the cost of the necessary repairs or the difference in the value? Many would say the cost of repairs.

Not so, said the Court of Appeal recently in the case of *Watts v Morrow*. Mr and Mrs Watts had bought a house for £175,500 at the top of their price range, so could afford little for repairs. The surveyor gave some warnings about the house but there were other areas about which he failed to

warn the Watts. The true value of the house was £162,500 and the repairs cost £34,000.

The aim of the law, said the Court of Appeal, was to put the purchaser in the position he or she would have been had the surveyor not been negligent. The Court said the correct price would have been £162,500. An award by the trial judge of the amount off the repairs was set aside and they were given £15,000. If the full award had been made then Mr and Mrs Watts would have obtained the house for £143,500, and this, said the Court, was never a bargain on offer.

## False claims

There's a good legal story about the barrister F.E. Smith. He was cross examining a child plaintiff who was claiming damages for injuries received in an accident. "How high can you raise your arm?" he asked. The child put it up to his shoulder. "And how high could you do it before the accident?" The child obediently put it above his head.

Now with a harsh economic climate some businessmen are being tempted into making fraudulent insurance claims and in turn companies are being more diligent in checking the facts.

Not only do the companies have claimants suspected of making fraudulent claims videoed but random checks are made to see if the claimant is at home. Insurers take a close look at claims made on policies taken out a short time before the accident or sickness.



Reading small print or hours of close  
work can make your customers' eyes red  
and sore. Can we make a tiny suggestion?  
Clearine is the ideal solution for red eyes.  
A few drops soothes them in seconds  
and makes them clear and white again.



CLEARINE EYE DROPS.





# From Wimbledon to SB

His father was a brewer, they lived next door to a brewery and young Jan liked the smell. In Denmark, to be a brewer you had to be a pharmacist or a chemical engineer and he chose the five year pharmacy course as the easier option.

But by the time he qualified, computers had taken over and brewing had lost its charm.

"By then I had also developed a keen interest in pharmacology and pharmaceutical chemistry and wanted to combine my pharmacy degree with business," he says. He then went on to take a business degree.

He would have liked to run a community pharmacy, but in Denmark there were strict limitations on pharmacy openings. "And, besides, I had become captivated by drug research and development."

He joined the pharmaceutical industry as a representative for Ferrosan. After moving a few steps up the ladder he left, at the age of 34, to become president of Novo pharmaceutical division worldwide — probably the youngest president a multinational pharmaceutical company has ever had.

Novo was Denmark's largest pharmaceutical company and 98 per cent of sales were abroad, so he was able to gain experience of international markets.

In 1979 he joined Squibb as vice-president of commercial development and by 1988 he was president and chief operating officer for Squibb Corporation. He became chairman, SB Pharmaceuticals, in July 1990.

While pursuing a career in pharmacy he was also a tennis star. He first played at Wimbledon in 1955 as a junior, then competed there every year until 1971. By 1968 he was ranked tenth in the world, playing against such great names as Rod Laver and Ken Rosewall. From the age of ten he had ambitions to play on Centre Court and this happened in 1963 when he faced Rod Laver, who went on to win the grand slam.

One wonders why pharmacy had more appeal. "There must always be a balance in life," he explains. "Tennis was fascinating and a great hobby and experience but, intellectually, maybe not as great a challenge as the career I chose. Furthermore, I have been very happily married for 28 years and have four wonderful children. I'm not sure whether I'd have enjoyed this as much if I'd been a touring professional. Life as a professional athlete has a lack of rhythm which makes it difficult."

So at the age of 31 he decided to give up the tennis circuit for a more stable way of life. He still plays regularly and can often be found helping the British squad. "I'm having a lot of fun giving back some of my experience," he says. "But

**On his way to becoming chairman of Smithkline Beecham Pharmaceuticals, pharmacist Jan Leschly played tennis at Wimbledon for 16 years and was president of another multinational company by the time he was 34. But this dynamic Dane originally wanted to be a brewer...**



they're probably saying 'Who is that old man over there!'"

Mr Leschly has spent his first year at SB Pharmaceuticals getting to know the company, the people and the products. It has fired him with enthusiasm: "There are some great people and some terrific products in the pipeline and I see it as a tremendous challenge."

His aim is to make SB Pharmaceuticals a superior company, not necessarily the biggest but the best in terms of its product portfolio. His motto is "make a difference". He wants to "make a difference" to patients by the company's contribution to healthcare and he wants to motivate his 30,000 employees and make them enjoy working there. Thirdly he wants to "make a difference" to the shareholders.

"There's nothing unique about these aims," he admits. "But it's not an easy task to satisfy all three. They are very much interrelated; you can't satisfy your shareholders without making a contribution to your customers and you can't make better new products for your customers without motivating your employees."

The company is currently focussing on seven therapeutic areas — anti-infectives, vaccines and biologicals, cardiovascular drugs, medicines for central nervous system and gastrointestinal disorders, anti-inflammatory agents and drugs to promote tissue repair. Other compounds in early stages of development might lead to

some diversification. Ten new products are being introduced between 1991-96.

One of his main concerns is where all the necessary "super-scientists" will come from. He believes it will be difficult to recruit sufficient talent from the UK to satisfy the R&D demands of major companies such as SB, Glaxo, Wellcome and ICI.

"That's a huge research effort in a relatively small country," he says. "We need the best talent we can get. I'm managing a global company and I don't mind where they come from, as long as they are of the right calibre."

He has no criticism of the calibre of British pharmacists and thinks that the combination of a pharmacy education with business training is the best background for the chairman of a pharmaceutical company.

"Without that, I wouldn't be where I am today," he maintains. "Sure — you can probably be as good as a biologist or chemist, but training as a pharmacist gives you a clear understanding of the basic disciplines involved in research, manufacturing and quality control."

Another critically important factor, he believes, is the relationship between the industry, research institutes and academia. "It's been a pleasant surprise over the past five years to find that the scientific research taking place in the universities, the institutions and the industry is at the same level. You can't argue that one is

better than the other as they all speak the same language now. They are all striving towards being innovative and creative."

He quotes the recent opening of the Smithkline Beecham Centre for Applied Neuropsychobiology in Oxford as an example of this total interaction. SB Pharmaceuticals have promised £5 million over ten years; half the scientists are employed by the university and half by the company.

Mr Leschly sees bureaucracy as one of the industry's main frustrations, both within his own organisation and in medicines registration. In common with many of his industry colleagues he believes governments do not fully appreciate the industry's role in healthcare.

"There must be a balance between cost containment of pharmaceuticals and the industry's ability to discover and develop new compounds. There are at least six diseases which have no cure — Alzheimer's, Parkinsonism, schizophrenia, cancer, AIDS and osteoporosis — and there are 223 compounds being developed in the USA alone for these diseases. The USA spends 385 billion dollars on caring for sufferers in terms of hospital time, surgery, nursing and so on. Governments need to understand that to reduce healthcare costs for these diseases they must invest in the development of cost-effective new drugs to treat them."

One of the main satisfactions of his job has been receiving letters from doctors and pharmacists saying that an SB medicine has resulted in a very happy customer.

"Pharmacists are customers as much as patients are, and we need to get closer to them so that together we can achieve our objectives," he adds.

One way might be to increase the pharmacist's armamentarium, so when will there be an OTC cimetidine? The company is developing a regulatory filing for such a product, he replies, but it is too early to say what form it will take and when it is likely to be available. While supporting moves from POM to P in principle, he cannot foresee any other SB prescription products taking this route.

He admits to being very competitive. "As a tennis player I learnt to lose a lot, but it's how you handle it that matters and it makes you more determined to win. I don't think anyone would be in my present job without a competitive streak, but hopefully it translates into motivating people, creating the right climate and working for the right values."

By the year 2000 he will be 60 and it will be time to retire. "But I'd like to look back and see that I'd made an important contribution to the company in the 1990s," he concludes. Carlsberg might be sorry they missed out.



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# Pharmacyupdate

## Should NSAIDs be stopped before surgery?

Non-steroidal anti-inflammatory drugs increase the risk of peri-operative complications and treatment should be withdrawn before surgery in time to allow their complete elimination, according to evidence from the USA.

The case records of 165 patients who underwent hip arthroplasty were reviewed retrospectively: 46 per cent were

### Fish oil in asthma

Trials of the anti-inflammatory effects of fish oil in asthma have demonstrated little useful activity but that may be because they were too short, according to a recent report from France.

Twelve people with asthma were given placebo or 1g/day of the omega-3 fatty acids docosahexaenoic acid and eicosapentaenoic acid for one year. Treatment with inhaled bronchodilators, steroids and cromoglycate was unchanged. Pulmonary function was evaluated every three months but patients given active therapy showed no improvement until, after nine months, forced expiratory volume ( $FEV_1$ ) significantly increased by 23 per cent. After 12 months,  $FEV_1$  was stable in those given fish oil but declined in those on placebo. However, the variability was so great that this difference was not statistically significant.

Fish oil fatty acids modify the metabolism of arachidonic acid, a precursor of prostaglandins and pro-inflammatory cytokines. There is therefore a theoretical basis for an effect in asthma, which is characterised by chronic inflammation. In this study, the dose of fish oils was low — the usual dose in hyperlipidaemia is 10g/day — suggesting that treatment may be better tolerated.

*International Archives of Allergy and Applied Immunology* 1991;95:156-7



though there were no other clinical differences from the remaining patients. Intra-operative bleeding was more marked among patients taking NSAIDs, though the difference was not clinically significant. However, post-operative bleeding — including gastrointestinal bleeding in the elderly — occurred in 12 per cent of NSAID users compared with 2 per cent of non-users. Post-operative hypotension was also more common.

The risk of complications was strongly associated with NSAIDs with longer half-lives and there were no problems in those taking drugs (ibuprofen,

fenoprofen) with a half-life of less than three hours. (Aspirin was counted as a long-acting agent because its effect on platelets is permanent.) The odds ratio of complications was 1.7 for NSAIDs with a half-life of five hours or less (indomethacin, ketoprofen); 6.8 with half-lives of 5-15 hours (diflunisal, naproxen); and 8.5 with a longer half-life (aspirin, piroxicam).

The authors suggest that NSAIDs should be eliminated completely before elective surgery, suggesting that five half-lives provides a reasonable estimate of the time required.

*Archives of Internal Medicine* 1991;151:1963-6



### Nicotine toothpicks

A new method to help smokers kick the habit and simultaneously remove the shreds of Christmas turkey from their dentition has been developed in Switzerland. Nicotine toothpicks could replace the after-dinner cigarette as a more socially acceptable and safer *digestif*.

The idea behind the toothpick is that, like a cigarette, it fulfils two functions: it delivers a relaxing dose of nicotine and it provides something to fiddle with (people who don't smoke often roll up the wrapping from the after dinner mint). Other cigarette substitutes, such as nicotine chewing gum, provide the former though fiddlers must make do with the wrapper.

Comparing toothpicks coated with 4mg of nicotine (and mint-flavoured) with the equivalent dose of nicotine gum in 12 smokers, absorption from the toothpick was two-fold higher during the first five minutes. This was associated with more nausea but no difference in cardiovascular effects. Interestingly, although all the subjects were smokers, they rated both placebo toothpick and gum as more pleasurable and relaxing than either formulation containing nicotine.

The absorption of the full dose of nicotine from gum requires about 30 minutes' chewing, longer than the average cigarette lasts. The more rapid release from a toothpick might therefore be more acceptable to smokers. However, chewing the toothpick requires putting the whole device into the mouth and, though no adverse effects were recorded in this study, this may not hold true after generous measures of Christmas spirit! Future formulations will have all the nicotine in one tip of the toothpick, say the authors, leaving the other end for drug-free dental care.

*Clinical Pharmacology and Therapeutics* 1991;50:456-61



# Central effects of nifedipine

Nifedipine may be preferred to beta-blockers but not ACE inhibitors for the treatment of hypertension in people who perform skilled tasks at work, according to reports from the RAF Institute of Aviation Medicine on the behavioural effects of antihypertensives.

Fourteen healthy subjects were given single doses of nifedipine 10mg capsules, 10, 20 and 40mg nifedipine retard, 15mg oxazepam and placebo, and subjected to a range of psychomotor performance tests. Predictably, oxazepam reduced alertness, increased the numbers of errors when performing the tests, and increased slow body sway (a test

of postural stability depending on vestibular-ocular function and peripheral muscle control).

By contrast, nifedipine did not affect performance, though it did increase body sway. In addition, subjects reported feeling less calm after the 40mg dose and doses of 10-20mg produced changes in the EEG suggestive of decreased alertness, despite the absence of subjective evidence.

The adverse effects of nifedipine include dizziness, reflex tachycardia and tremor, which may be related to the reports in this study of feeling less calm. In addition, nifedipine affects cerebral blood flow and binds to specific sites in the

brain, though the overall effect on behaviour is clearly not significant — in young, healthy volunteers, at least. This contrasts with the impact of beta-blockers, which have been shown to cause sedation. However, the authors note that individual susceptibility may be important: there is variation in the metabolism of nifedipine and 10 per cent of people report adverse reactions. This, they add, should be compared with the ACE inhibitors, for which no change in performance, mood or sedation has been found, though minor adverse effects are common.

*British Journal of Clinical Pharmacology* 1991;32:541-9

# Antibiotics during flu epidemics

The 1989-90 flu epidemic is estimated to have caused an extra 26,000 deaths — many among the elderly, who are particularly prone to develop pneumonia because of the prevalence of serious underlying disease. Official guidelines recommend antibiotic cover against *Staphylococcus aureus* during flu epidemics: this organism is a frequent cause of pneumonia but is particularly common during epidemic years. The mortality from staphylococcal pneumonia is 33 per cent.

A review of 36 admissions to Nottingham hospitals has revealed that guidelines for antibiotic cover are widely ignored. Fourteen of these patients died, of whom only half had received antibiotics compared with three-quarters of the survivors. Prior to admission, only eight patients had been given an aminopenicillin — all survived — and only nine were given antistaphylococcal therapy. In hospital, two-thirds (evenly divided among survivors and fatalities) were given antibiotics active against *staphylococci*.

Advice on selecting appropriate antibiotic therapy had been circulated in Nottingham during the epidemic but it appears to have been widely disregarded. Districts should have a planned policy for managing flu epidemics which includes adequate antibiotic cover, the authors conclude.

*Postgraduate Medical Journal* 1991;167:988-90

# One week treatment for *H.pylori*

The bacterium *Helicobacter pylori* causes gastritis and has been implicated in relapse of duodenal ulcer. When the organism is eradicated from the stomach, usually with a four-week regime of bismuth, amoxycillin and metronidazole, the frequency of ulcer relapse is virtually zero. However,

withdrawal due to adverse effects such as nausea is common and results in treatment failure.

Now, a shorter, better tolerated and cheaper regime has been shown to be almost as effective in eradicating the organism. At a dose of one tablet of tripotassium dicitrate

bismuthate (Denol) four times daily plus amoxycillin 500mg four times daily for one week, plus metronidazole 400mg five times daily for the last three days, *H.pylori* was eradicated from 72 per cent of patients proven positive for the organism, with no recurrence of infection during follow-up over nine months. Adverse effects were mild and did not lead to withdrawal from treatment. The commonest were taste disturbance and loose stools.

The most frequent cause of failure to eradicate the pathogen was metronidazole resistance. At present, this occurs in approximately 20 per cent of strains in the UK — although only three of the 20 patients had previously taken metronidazole. Excluding these cases, the overall efficacy of the new regime was 93 per cent.

*Lancet* 1991; 338:1249-52

# Warfarin and quality of life

The therapeutic ratio of warfarin is low: unless treatment is closely monitored the risk of serious haemorrhage is high and minor bleeding episodes are common. It might be expected that such concerns, and the need for patients to attend haematology clinics regularly, would have an impact on quality of life.

To test this hypothesis, 300 elderly people taking either warfarin or placebo as part of a clinical trial were surveyed about their functional status and health perceptions. They were aware of the potential benefits of warfarin. Compared with controls, patients taking warfarin were not more concerned about health, irrespective of age or underlying disease. Only 7 per cent of those taking warfarin believed it

restricted their lifestyle and only 13 per cent reported concern over adverse effects. Three-quarters of patients were untroubled by regular blood tests and more than a third felt healthier since taking warfarin.

These findings were in stark contrast to the comments made by the 23 patients who had experienced a bleeding episode. Although every episode was judged to be minor, these patients reported significantly more distress and concern about health. This research demonstrates that, provided all goes well, warfarin has no impact on quality of life but the concerns of those who experience an adverse event suggest that greater support is subsequently needed.

*Archives of Internal Medicine* 1991;151:1944-9

# Is theophylline anti-inflammatory?

There is some evidence that theophylline possesses anti-inflammatory activity, a property that is highly desirable if it can be shown to be clinically significant in people with asthma. In a recent study from Brazil, children with asthma were given a ten day course of theophylline, achieving average blood levels of 10mg/l (the lower end of the therapeutic range). During treatment, spontaneous and stimulated chemotaxis of neutrophils and mononuclear cells was reduced,

a finding that was not related to the presence of chest infection.

Neutrophils and mononuclear cells are intimately associated with the inflammatory response. If these effects of theophylline are clinically significant, they may reduce bronchial hyper-responsiveness and therefore the local damage due to inflammation — though this has still not been demonstrated clinically.

*British Journal of Clinical Pharmacology* 1991;32:557-61

# Treating hypertension in the very old is beneficial

The objective of treating hypertension is to reduce the frequency of long-term sequelae, particularly stroke but also heart disease. The lack of immediate symptomatic benefit prompts the question of whether it is worthwhile treating people aged over 75, both because they are exposed to a significant risk of adverse effects and because there may be no gain in the longer term.

To answer this question, a Swedish double-blind trial has compared the benefits of treatment with beta-blockers plus diuretics with placebo in 1,600 elderly people (aged 75-84) with mild to moderate hypertension and high systolic pressure. After an average of two years' treatment, morbidity and mortality from stroke and deaths from any cardiovascular event were reduced by 40 and 50 per cent respectively. Heart failure, transient ischaemic attacks and angina were also

less among treated subjects.

These benefits were evident at all ages. No serious adverse effects were recorded and withdrawal from treatment was no more common than with placebo.

*Lancet* 1991;338:1281-4 and 1299-1300



*Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharms, looking at current developments in medicine.*



# Pharmacy in a nutshell...

As the sesquicentenary year of the Royal Pharmaceutical Society of Great Britain draws to a close, *Chemist & Druggist* asked members of allied professions, as well as some pharmacists working outside the profession, for their view of pharmacy today

"Every morning when I wake up I reflect on the inestimable value of the service provided by the pharmacist to the community, even though I know that he/she is underpaid, undervalued and overworked. The public and other health care professionals are indeed fortunate to be served by such a fine body of men and women."

But does this quote, from **Bill Darling, OBE, FRPharmS**, chairman of the National Association of Health Authorities and Trusts, reflect how others view pharmacists?

**Nigel Duncan**, spokesman for the British Medical Association, believes relations between pharmacists and doctors are often much better in practice than during national negotiations, but believes this is partly inevitable.

"With national negotiations between professions there is always a little bit of friction," he says. Because one is usually trying to encroach on the other's territory, it is difficult to eliminate all friction. But one way might be to meet more regularly, he suggests. There is currently no joint forum for pharmacist and GPs.

But Mr Duncan says: "There is every evidence that GPs and pharmacists get on extremely well in their own locality — many are personal friends and have known each other for years and years."

**Catherine Burns**, general secretary of the Health Visitors Association says: "There's a lot of potential for pharmacists to play a bigger role in the wider primary health care team — and for collaboration with health visitors and school nurses. Their work overlaps in a number of areas — not just in the dispensing of head lice lotions!" But first pharmacists need to brush up their act.

"There have been two surveys recently — the Consumers' Association last week, which suggest that the advice pharmacists are giving customers is not all it should be and the Food Commission survey, which found pharmacists giving inaccurate advice to parents on good infant feeding practice.

"There's also a tendency for the pharmacist to lurk in her drug cupboard while her

assistant deals with the public. We'd like to see the pharmacist come out of her box and be more accessible to the customer. Possibly some would benefit from training in customer-relations — even counselling skills.

"Pharmacists should get in touch with their local health visitors and regularly update their information on infant feeding. They are, after all, a prime point of sale for baby foods. But health visitors also need to acknowledge the pharmacists' role. They should get to know their local pharmacists so there's better formal and informal liaison. Possibly there is even potential for joint study days and seminars. Both professions could benefit from learning more about each other's work."

The Royal College of Nursing congratulates the RPSGB on its 150th anniversary. "Over the years we have greatly valued the wise counsel offered by the Royal Pharmaceutical Society in relation to inquiries affecting the day-to-day work of our members. Of course the most recent example of this is our campaign to have nurse prescribing on the statute book.

"We thank the RPSGB for its continued advice and support for this measure which would enable some nurses, after proper training, to prescribe a specified range of simple medicines and appliances. This can only improve the service we all offer to patients.

"The RCN is sure that the RPSGB shares our delight that a Private Member's Bill is to be introduced by Roger Sims, MP for Chislehurst, on nurse prescribing and that, as Mr Sims has drawn third place in the ballot, it has an excellent chance of success.

## Alternative outlook

**Mr Roskill**, secretary of the Association of British Dispensing Opticians, acknowledges that many optical outlets are already in a pharmaceutical environment within multiples. He agreed that communication between the two professions was necessary — from the optician's point of view anyway. "If pharmacists are doing their job properly, they should be referring to the optician," he said on the subject of reading glasses.

The Association believes that ready made spectacles should not be sold by an unqualified member of staff unless there is a qualified dispensing optician, optometrist or ophthalmic medical practitioner on the premises."

Having retired to the country after some 20 years **Bruce Rhodes**, erstwhile assistant secretary of the Society, can now view pharmacy from a different angle. "I'm now just a member

of the public and I try to imagine how the rest of the world views pharmacy, particularly two days after the latest less than flattering report by the Consumers' Association.

"The pharmacy in the nearest village is the sole one serving the patients from a practice of four non-dispensing GPs. They had to be before I'd dare go on their list! An excellent service is provided by both the doctors and the pharmacist and we would all be infinitely worse off without

but I do think it's a pity. Bang goes another opportunity for younger members of the profession to practise independently as it's unlikely that these pharmacies will ever come on the market again. And that's a pity as I've no doubt that the very best service is provided by independent pharmacies as, unfortunately, is the very worst. No multiple ever seems able to match the service and commitment of an owner manager.

"Your country needs you and the public depends on you. It's a pity that we don't all emulate the best aspects of those pharmacies that most of us, including the Consumers' Association, admire. We'd be needed and used even more and not as sellers of lingerie either."

Pharmacist **Liz Hunt**, medical correspondent for *The*



Gayle Walker

either. It's the sort of situation that I would look for if I were going back to practice. Right bang in the middle of his medicines counter occupying valuable counter space is the Pharmacy Health Care stand. The pharmacist complained to me, not that the stand was too big or that it produced too many inquiries but that it was too small and the leaflets were too limited! Oh for more such complaints. Take heed of that, you who would rather display a box of Mars Bars!

"Down the hill in the other direction in the larger village (or small town) there are two pharmacies owned by a husband and wife. He's a splendid fellow, but his wife is a different kettle of fish, holding me personally responsible for what she saw as the Society's follies over the years. I was more than happy to defend recent policies but I don't think I carry as much authority dressed in tweeds as I felt behind a desk in Lambeth. The sad thing is that I understand that these businesses are being sold to a multiple.

"I'm not opposed to all multiples, having served my apprenticeship with the biggest



Bruce Rhodes

*Independent*, says there is real recognition of pharmacy from other healthcare professionals.

"I recently interviewed one of the country's top oncologists. He handed me his soon-to-be published paper on gene therapy with the words 'It is a bit complicated and you probably won't understand it.' Then he paused: 'But of course you are a pharmacist, aren't you. You won't have any problems.'

"My own attitude towards pharmacy swings between minor irritation at the profession's never-ending battle to win the recognition it deserves as a real player in primary health care, and



outright exasperation. Most of that is directed at, dare I say it, the Royal Pharmaceutical Society of Great Britain.

"There is a certain pomposity that emanates from 1 Lambeth High Street that I believe is detrimental to the profession. In the course of my job at *The Independent* I see a great number of journals and magazines from professional organisations. They come from the Royal Colleges, major research bodies and the smaller associations. Their editorials do not bear the mark of self-satisfaction so evident in some of those published in our own professional journals. Nor do they patronise those who are not lucky enough to belong to such an august body as the Society.

"Where is the lightness, the humour, the ability to poke fun at pharmacy's short-comings while at the same time fulfilling the role of a professional journal? Health care is a serious

business but that doesn't mean we should adopt a holier-than-thou approach to our own contribution.

"I believe the role of a professional journal is to inform, educate, entertain, question, and provoke reaction from pharmacists, rather than constantly pat them on the back in a rather nervous manner. Defence may be the best means of attack, but in our case it appears to have roots in a



Bill Darling

increasingly saddened and disillusioned with the practice of the profession and its limited role. One which I believe we're in danger of being stuck with if we cannot change the attitudes of some of the people within the profession as well as those on the outside.

"It's a timely coincidence that yet another damning Consumers' Association report was issued at the same time as I was asked to put forward my views. I was at the sharp end of having to respond to one earlier report during my time at the Society.

"Unfortunately, the coverage of the report makes it appear that pharmacists are getting worse. I can't believe that. But what it should make us do is pull together and make sure we are ready for this new role that is expected of us. And that means supporting the bodies that are fighting for government funding for our professional advice and counselling.

"It appears that pharmacy, more than any other profession, is thwarted by a small number of narrow-minded individuals that damage the reputation and future of the rest. So let me finish with another adage 'United we stand, divided we fall'."

"To be asked for our comments on the future of the profession is, we think, quite appropriate as we are it," says Nicola Gray, chairwoman, British Pharmaceutical Students Association. "That statement may have left some of you worried. O ye of little faith!

"The pharmacist has moved out of the dispensary and has made contact with the unsuspecting public. We are the drug experts — no doubt about that. The advantage of carrying out counselling in hospital is that you often have a captive audience. In community pharmacy, inevitably you have to compete with the local bus service or a hairdressing appointment.

"We are teaching our students new skills accordingly. The lecturers will be expected to set a good example, especially that rare breed of teacher practitioners. The students must be groomed, so that their appearance is not too disturbing to patients. It is difficult, but we are getting there. Students must learn the art of non-verbal communication to emphasise points in their conversation.

"Practice research in all branches of the profession must be encouraged. This will improve the quality of our services and identify new areas of involvement for pharmacists. We are sure that the need to include these exciting new skills in pharmacy training will involve a lengthening of the undergraduate course, but by how much time? The suggestions from our students have ranged from two days to 'until retirement age'.

"We think that pharmacy can be dynamic and challenging, and will ensure that we, as the future, make the most of our knowledge!"



Christine Hancock, general secretary, RCN

## "The profession in thwarted by a small number of narrow-minded individuals..."

paranoia that maybe, just maybe, not everyone thinks so highly of pharmacy as we do."

### A new image?

Pharmacist Cathey Holland has recently moved to the marketing department of Vichy, after working for four years as company pharmacist and public relations officer. She has also worked in community and hospital pharmacy.

Ms Holland believes image is an important issue for pharmacists to tackle. A customer needs to see a clean, professional image as soon as they walk through the door.

There is a lot of work to do to improve merchandising and marketing within pharmacies, she says.

"Pharmacy should carve out a niche for itself — we should

look hard at where we are going, what we are seeking to achieve. We should be offering what can't be found elsewhere.

"We shouldn't try to compete with grocers and drugstores; we should concentrate on areas like pharmacy-only cosmetics and healthfoods, which are perfectly suited to pharmacy." The pharmacist's unique knowledge is her message here.

Pharmacist Gayle Walker has worked in public relations since 1985 and is currently associate director of the PR agency Maureen Cropper.

"Prevention is better than cure" or 'A stitch in time saves nine' — two popular adages but very pertinent to the future of pharmacy, and how I see the role of the pharmacist changing in the future, in a world of improving, yet costly medical care and general health."

"My first venture into PR was at the Pharmaceutical Society, giving me plenty of opportunities to see how the role of the profession and the individuals within it have had to change to survive in a high technological society.

"Pharmacy has always fascinated me, but I became

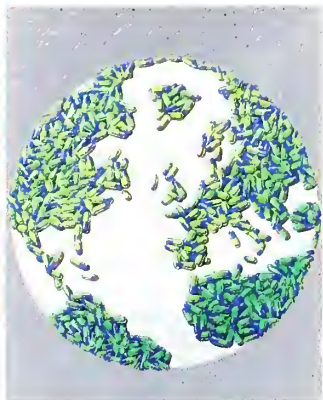


Catherine Burns



The ink had hardly had time to dry on the Maastricht agreement, before speakers at the Intermed conference in Bordeaux last Thursday were speculating how health and social structures would have to adapt

# Health enters EC debate



The Maastricht agreement means public health and social welfare have now entered the EC debate, according to Fernand Sauer, head of the pharmacy division at the European Commission. But this proposition has received a less than enthusiastic response from senior figures in the pharmaceutical industry.

Pierre Fischer, a director of Rhone-Poulenc Rorer, caught the mood of manufacturers when he spoke of the fear of EC bureaucracy and the far greater constraints that have been imposed on the industry by the various EC pharmaceutical directives. The watchword for the next few years will be controlling costs, he warned.

But actually controlling drug costs would be an unfortunate error: it would mean companies would be much more selective in choosing the products they could afford to finance through development. Many firms have numbers of production sites producing on a local basis to suit local conditions, but this is not likely to continue, warned Mr Fischer.

Walter Sammler, European economic affairs manager for Upjohn, grumbled about the

schizophrenic attitude of governments towards pharmaceutical manufacturers. "They like the exports side, but then complain too much is being spent on health," he said. It has led to an over regulated industry. And he sought clarification as to what exactly the term "social welfare" referred. Decisions as to whether medicines can be reimbursed under national health schemes should be taken at a national level, he argued.

The concern that the Commission would move to harmonise the provision of healthcare, since this was now within its competence, was shared by Bernard Lemoine, director general of SNIP, the French Pharmaceutical Industry Association. It has become evident over the past few years that Brussels is not going to release the

administrative constraints, he said. But if Brussels is to persuade member states to abandon their

sovereignty in the health area it must produce a better system than those that currently exist nationally.

## Looking for the French connection?

Towns and cities throughout the European Community are looking for ways to attract industry and commerce as the single market becomes more of a reality. Bordeaux, better known for its wines than as a centre of technology, is no exception.

Last week, coinciding with the Intermed conference, C&D got a flavour of how this French city is tackling the challenge.

Heading the initiative to bring business to the area is Bordeaux Technopolis, a joint enterprise

between the Gironde Département, Bordeaux Urban District, the Chamber of Commerce and four leading banks. Last week they were presenting to industrialists in Birmingham and Manchester, and there are plans to visit Italy and Germany in the near future.

Bordeaux Technopolis has two incentives to entice new business. The first is the availability of office and industrial units in six "technology parks" around the city, each geared to a specific sector. Bordeaux Montesquieu, for example, is intended for life sciences, medical and pharmaceutical firms, and Technopolis is responsible for developing and managing the complex. It is still in its infancy, with only four companies in a largely unfilled 125 hectare site.

Bordeaux Technopolis is also funding an award scheme to encourage technological co-operation. The prize will be awarded to any project involving a firm or research centre from Bordeaux Technopolis and its opposite number abroad.

Further information is available from Wilfred Muskens, Bordeaux Technopolis, Immeuble Croix-du-Palais, Terrasse du Général Koenig, 33081 Bordeaux Cedex, France. Tel: (33) 56 99 33 07.

## DoH: pragmatic line on PPRS

The drugs bill in the UK is approaching £3 billion and has risen 22 per cent in five years, five times the rate of growth of general public expenditure. But in spite of this the Department of Health will not be seeking to cut costs when renegotiating the Pharmaceutical Price Regulation Scheme next year. It will, however, be seeking value for money, says Geoffrey Deville from the Department's industry branch.

The current agreement expires in October 1992. Strictly speaking it will continue unless one side gives six months notice of withdrawal. The DoH has yet to make a formal announcement but gives every indication of planning to do so. The Department, says Mr Deville, intends to take a pragmatic approach, taking account of:

- Proposals on pricing from the

European Commission

- The impact of the indicative prescribing scheme for GPs
- The effectiveness of the current scheme.

It remains British policy that any system of regulation should promote, as far as possible, an open and competitive market. Since the taxpayer foots the bill for medicines purchased under the NHS the Government must ensure it gets value for money.

Mr Deville also highlighted the Government's support for an integrated set of policies covering both the supply of medicines, their wholesaling and distribution.

### Principal points of the current PPRS

- The PPRS is a voluntary agreement between the Government and the industry, and regulates the amount of profit which may be earned. It is not an arbitrary control.
- The PPRS covers all branded pharmaceuticals, but not generics. It covers all companies selling branded products, but the full application of the scheme is reserved for the 60 companies with sales to the NHS of over £4 million a year.
- The scheme looks at the overall profitability of the company, *not* the prices of individual products.
- On pricing, companies have complete freedom of pricing for new products. But the prices of existing products may only be raised with the Government's permission.
- The scheme is based on targets for permitted profit, determined as a percentage return (between 17-21 per cent) on capital employed.
- Those companies which import finished goods from an overseas parent company are given a profit target based on a percentage return on sales (currently 4.5 per cent).
- Companies are also allowed a percentage of sales (around 20 per cent) as a cost before profit, as support for research and development.
- The PPRS is essentially a framework agreement. Very little is set down in specific detail. All points are negotiable — except one. There is a limit of 9 per cent of sales for sales promotion.
- It is not a "cost-plus" scheme. The Government is entitled to challenge figures provided by companies, to ensure efficiencies and value for money.

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wish all their customers the compliments of the season and advise them that the Company shall close for the Christmas Holiday at 12 noon on Tuesday, 24th, opening again on Monday, 30th December and Tuesday, 31st. Orders received up until noon on Monday, 23rd December will be processed and despatched before the New Year. Normal business will resume on Thursday, 2nd January 1992.

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# Minilabs make their mark

**The development of minilabs has ebbed and flowed as the competitive advantage has oscillated between them and full scale photoprocessing laboratories. Rudolf Dech of Gretag Aktiengesellschaft in Switzerland looks at the history of photoprocessing and the current balance between mini- and maxilabs**

More than a quarter of all films are currently processed in minilabs and this percentage could increase markedly in the near future despite the strong position of the industrial lab photofinishers. The question of which came first, the large lab (ie the processing facility with a distribution network) or the minilab in the retail outlet (where the films are processed directly) is much the same as the chicken-or-egg problem.

We must take a short trip back in time to the beginnings of amateur photography to answer this question. It all started in 1888 when Kodak introduced the first box camera to the market. After the amateur photographers had taken their snapshots, they had to send the camera containing the exposed film to photofinishers for development. "You press the button, we do the rest" was the slogan used at the time.

## The seesaw

Kodak quickly brought out an improved box camera which the amateur could take to his dealer who changed the film for him. The dealer was now in a position to develop the film himself, using the same process as the photofinishers. A large part of the development business, which was originally completely in the hands of the photofinishers, passed to the photographic retail outlets. These offered a service comparable to today's minilabs. The numbers of specialist businesses increased rapidly as a result.

At the beginning of the 1940s the first practical colour films became available. A trend

reversal began: the early colour film had to be returned to the photofinishers for processing. This caused the percentage of locally processed films to continually shrink, for only black and white films could be processed economically by local dealers. Colour film had begun its triumphant march.

A further boost was given to the market when, at the end of the 1940s, Kodak introduced the 126 as the first cassette film. Since colour films could still only be cost-effectively processed in the large labs, only the photofinishers benefited from the resulting growth in the colour photograph business.

The development is illustrated in the growth of the number of Agfa laboratories in the Federal Republic of Germany:

	Laboratories
1950	9
1955	236
1960	803

(Source: Agfa)

The outcome was that in 1970 virtually 100 per cent of processing took place in large labs. The future prospects were ideal in every respect thanks to a growing primary market (films) and continually improving quality. Greater return on

investment was also in sight because better machinery meant lower labour costs per print and customers were satisfied with both prices and delivery times.

The percentage of specialist businesses with their own processing facilities was insignificant at this time because they could still process only black-and-white film in a cost-effective manner. Meanwhile, colour photography had almost completely superseded black-and-white photography, at least as far as the amateur was concerned.

## The 'new era'

The tempestuous development of colour photography caused the minilab concept to sink into dormancy. However, its reawakening took place as early as 1959 when at an exhibition in Bern the Zürich company Autokopie introduced a concept known as the "Automagnifier" which could be used as a compact miniature facility for processing films.

Further impetus came from the American market in which, since the early 1970s, various

companies had been offering compact facilities that could be installed in retail outlets for processing colour film. This development was partly due to the encouragement of and the pressure exerted by numerous low-volume amateur photographers and, it is at least arguable, the American "self-made man" philosophy.

If the pure enlarger is regarded as the first generation these minilabs represent a second one. However, their share of the market at the beginning of the 1970s was only a few per cent of the total.

Gretag was responsible for a milestone in this development by introducing third-generation equipment in 1976 at Photokina in the form of the very first Compactlab. Incidentally, this unit was developed from the Automagnifier mentioned above: Gretag had taken over Autokopie in the meantime.

## Japan competes

The Japanese entered the market with their first models in 1978. However, it should be noted that this sudden accelerated development in the minilab field was not just attributable to the only two vendors at that time, but to pressure from retailers who wanted to do the job themselves on their own premises.

As early as the end of 1985 some 20 per cent of all films were being processed in minilabs, about 24,000 of which were in service worldwide. By the mid-80s, the growth rate regularly reached 100 per cent a year. However, a trend reversal, mainly for technical reasons, started to become apparent. What had happened?

The second and third generation equipment had been based on photofinishing in the professional arena. The technical demands made on the operating personnel were correspondingly great. Thus, each minilab business needed up to six people who, in addition to film processing, also sold film and cameras. These high manning levels necessitated a relatively high film throughput in order to run the business profitably.

## Next generation

The answer of the minilab manufacturers was the equipment of the fourth generation which, with newer technology, was smaller, required fewer employees, and was easier to operate.

This may be the reason that although the minilab market was not as strong as it was before the mid-80s, it





nevertheless continued to grow. About 36,000 minilabs were in service worldwide at the end of 1988, increasing to some 42,000 at the end of 1989.

Concurrently, the percentage of minilab-processed films increased to about 29 per cent.

The market therefore clearly indicated that the minilab manufacturers were moving in the right direction with the development of market- and customer-compatible minilabs.

In my view there are two main factors that will present great opportunities for the

minilab in the future as well:

- Miniaturization
- Simpler operation

The question now is whether minilab manufacturers should take a leaf from the computer manufacturers' book and design and develop compact equipment which is smaller and

extremely simple to operate.

There are signs that the trend is towards a smaller minilab, a *microlab*, which will meet these requirements. A great need for market-compatible microlabs exists mainly where to date cost and space considerations — both problems in pharmacies — have precluded the installation of a minilab.

Fully automatic operation, the shortest possible installation time, and near-zero maintenance are further likely requirements for future microlabs. Such features are already exhibited by the latest copying machines; anybody can learn to operate them at the drop of a hat.

## Striking a balance

From this it could be concluded that minilabs or microlabs will outstrip the large labs in future. However, it is necessary to make a clear distinction between the strengths and weaknesses of these two traditional film-processing systems.

The efficiency of individual processing procedures has increased in the large labs to counter the effects of cost increases and price reductions. For this reason alone it will continue to be good practice to process large roll volumes in large labs. The corollary is that the minilab customer has the alternative of personal attention from the retailer coupled with very short film-development and printing times.



The shopfloor of an industrial photofinishing laboratory — a multiplicity of minilabs...

**A middle-aged woman gives you this prescription. She is not one of your regular customers and she wants to know what Innozide is. When you ask, she explains that she takes analgesics for arthralgia and she has recently developed hay fever**



1. Why is her ignorance about Innozide a matter for concern?
2. Are these combined formulations appropriate?
3. Is Congesteze appropriate for this lady?
4. What — other than allergy — might account for the hay fever?

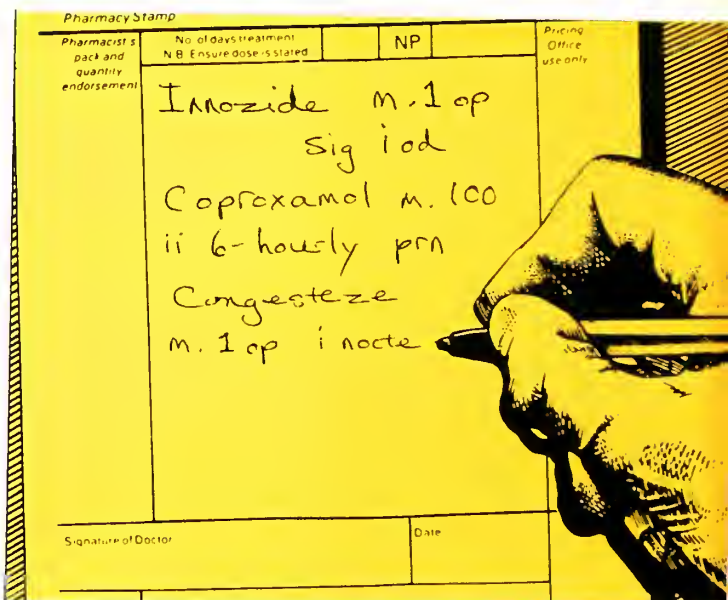


1. Innozide is one of several new combined formulations of a thiazide with an ACE inhibitor for the treatment of hypertension. ACE inhibitors can produce a precipitate fall in blood pressure if not gradually introduced, especially in

patients taking a diuretic. If her lack of knowledge of this is because she had never been treated with an ACE inhibitor before, it is unsafe to dispense the product without consulting the GP. On the other hand, she may simply be unaware that her normal therapy with the component drugs has been changed to a new combined formulation.

2. The argument against combined formulations is that the fixed doses they contain are not appropriate for all patients. Conversely, they reduce the burden of taking tablets when polypharmacy is necessary. Innozide is an appropriate formulation for people who have been already stabilised on the component drugs in the ratio in which they occur here; it should then improve compliance.

The value of coproxamol is still disputed: though many GPs and patients favour it, others maintain that it is not more effective than paracetamol alone. There is a risk of interaction between dextropropoxyphene and other CNS depressants, especially alcohol. Dextropropoxyphene



may also impair driving skills and this will be more noticeable in someone who takes it only intermittently. If the pain due to arthralgia is mild, paracetamol alone may suffice.

Alternatively, a non-steroidal anti-inflammatory agent such as ibuprofen should be considered.

Congesteze is a combination of azatadine and pseudoephedrine. The chronic use of a sympathomimetic decongestant should be unnecessary if the allergic reaction is adequately treated. Unless the symptoms cause particular trouble with sleeping

at night, a non-sedating antihistamine is preferred for hay fever.

3. Continued use of pseudoephedrine should be avoided in people with hypertension, so Congesteze is inappropriate in this case. If nasal symptoms are still troublesome after adequate antihistamine treatment, a nasal steroid or — occasionally — a nasal decongestant should be used instead.

4. ACE inhibitors occasionally cause rhinorrhoea or nasal stuffiness and should be considered as a possible cause in this instance.



## Broken bulk claims and NHS hosiery

The comment from Xrayser in the November 9 issue of *C&D* concerning the prescribing of single hosiery garments deserves further comment. As Xrayser implies, logic would dictate that hosiery garments be supplied in pairs. Failure to provide support for early, if not developed, varices in both legs would seem clinically indefensible. Presumably it is done either as a short-term cost saving exercise or because doctors think that treating only the leg a patient is complaining about is sufficient.

Even after a query from a pharmacist, if the prescriber insists that the one leg be treated, two garments should be indicated on the basis of one to wear and one to wash. Continuous use of NHS hosiery is to be encouraged if the full benefit of graduated compression is to be obtained and future problems avoided.

It would therefore appear, purely from a clinical standpoint, that pharmacists might have a good professional reason for not dispensing a prescription for a single garment. Of course, it would be unusual for them to take this extreme stance because they are obliged to dispense, according to their Terms of Service, with "reasonable promptness".

On the payment side, the supply of a single garment from a boxed pair will result in a financial loss. A manufacturer's pack of a pair of stockings is neither regarded as a special container, as far as Clause 10, Part II of the Drug Tariff is concerned, nor eligible for a broken bulk claim under Clause 11.

Chemist contractors buy in stock sizes of stockings by the pair and, if only one stocking is prescribed, are reimbursed for only that one garment at half the Drug Tariff price (which is a price per pair).

Surely this is a fundamental flaw in the Tariff system. As far as drugs, and "special containers" of drugs are concerned, facilities are available within the Drug Tariff to provide for reimbursement for a total pack if the quantity ordered is less than that pack. Broken bulk claims can be considered for stoma and incontinence appliances. So, why is this facility denied for NHS compression hosiery?

Those pharmacists who supply single hosiery garments will do so at a net loss. This is a major deterrent to providing an efficient hosiery service. The Department of Health should authorise acceptance of a pharmacist's claim for "broken bulk" on compression hosiery.

**Dr Ian Jones**

Pharmacy Practice Research Unit,  
University of Bradford

## The new NHS providers

I was interested to read the report on the Cardiff Conference (*C&D*, November 23, 1991 p874) in which Kay Roberts says: "In England the district pharmaceutical officer only operates in the provider role".

This is not strictly true.

Admittedly there is not a cohesive structure for the pharmacist purchaser role in England as is enjoyed in Wales, but many of us are undertaking that role to some degree at health authority level. Such examples include inspection and registration of nursing homes, pharmaceutical input into contracting and general advice eg hospices, prescribing responsibility, health promotion etc. In addition, some of us hold joint appointments with the FHSA and local authorities.

During 1991 a Purchaser Group was formed as a sub-group of the Association of Pharmaceutical Officers. More recently another group has started to examine development and training needs of FHSA pharmaceutical advisers.

The NHS reforms may have been implemented in a more variable fashion in England but pharmacists are, nevertheless, approaching the issues of purchasing and integration with as much vigour as their Welsh colleagues.

**Michael Beaman**

DPhO (FHSA pharmaceutical adviser)

## Irrational thought

I do so enjoy the caricatures heading dear old Xrayser's column but how livid he seemed last week. So livid, in fact, that he was incapable of rational thought. For instance, he completely forgot that it is the Dispensing Doctors Association

who have been attempting to prove that dispensing patients *do* have freedom of choice and his own Pharmaceutical Society which has gone to great lengths to insist that they have *no* "right of choice". Perhaps I should count him as my ally and as a witness for the prosecution against the Royal Pharmaceutical Society.

It could be that pharmacists find it difficult to understand that dispensing doctors, unlike themselves, are quite content to allow freedom of choice for patients. After all, it was the pharmacists who were criticised for restrictive practices by the Consumers' Association, not the doctors.

**David Roberts**

Chairman, Dispensing Doctors' Association

## P&G fairer than some

Over the last three months I have seen approximately 10 per cent of my turnover in nappies lost due to current price wars in grocers. But I still think Procter & Gamble are a much fairer company than some others. At least they treat all customers the same and offer banded prices so we all know where we stand.

If I could afford to handle a container lorry of Pampers I could buy them at £6.15. There are few manufacturers who trade and offer prices in such a way, so we independents generally do not know at what prices the multiples are buying the products.

Last year, when Pampers were in short supply, Superdrug were allowed to stock them as their own brand manufacturer had stopped trading. I immediately complained to the brand manager of Pampers that Superdrug were being given stocks when I could not obtain sufficient to sell.

Superdrug were stopped from getting further supplies.

As for my colleagues, may I suggest that they go their nearest grocer armed with the NPA credit card, buy their Pampers at £6.15 and sell them to their customers. Let the grocers pay for distribution costs from their central depot and the charges to credit card companies.

**U.M. Thakrar**

King's Lynn

## Unisex approach an answer to nappy problems

I have read the article in *C&D* last week (p968) in which a whole series of senior pharmacy managers put forward opinions on the subject of Procter & Gamble pricing pharmaceutical retailers out of the nappy market. As an employee of one of the world's leading disposable nappy manufacturers, Dispo Holdings, I feel that my company's experience over the past 20 years in facing the P&G marketing muscle leaves it most able to react in a supportive way in today's competitive market conditions.

Over the past two months we have seen the final push in P&G's efforts to gain in excess of 60 per cent of the British disposable nappy market. With the introduction of gender specific branding in 1990 all pharmacy retailers were left with no alternative but to give double the shelf space to Britain's "TV advertised brands" in line with the overall policy of brand development supported by the less space dependent grocery multiples.

However, with the recession now hitting harder than ever, and with the level of competition in all retail outlets now at unprecedented levels, the development of space and logistic conscious quality products has never been so important.

After the recent extension of the Pampers brand, which in its new Phases format offers the stockist 19 pack sizes, I would now question whether there is sufficient room for this or any other boy/girl brands on the shelves of Britain's pharmacies.

Dispo Holdings' worldwide commitment to the policy of offering the highest quality unisex brands could, perhaps, give the chance to avoid the fate of that other local nappy service — the home delivery agent — who, sadly, is now bound for almost certain extinction, priced out of the market.

**Chris Rawson**

Disposable Soft Goods (UK) Ltd



John Vooght, (right) proprietor of Rouse & Sadler Pharmacy, Aylesbury, drew the winning ticket in Whitehall Laboratories' free draw at Chemex. Pictured are Ken Lock, regional sales manager Whitehall Laboratories, Kathy Vooght and John Vooght with the Camcorder he won



## Glaxo back PSNC

Glaxo have issued a statement backing the PSNC's view that wholesalers should reduce discount thresholds for pharmaceutical purchases by an amount equivalent to the value of Glaxo purchases (C&D) December 14, p989).

"This will ensure that wholesalers do not increase their profitability at the expense of pharmacists," say Glaxo.

Sean Lance, marketing director of Glaxo Pharmaceuticals UK, says: "Glaxo have worked closely with wholesalers for over 12 months to develop their new distribution arrangements and cannot understand why the British Association of Pharmaceutical Wholesalers should say members need six months to assess the cost implications."

He says Glaxo have made a "substantial contribution" to the start up costs of their new agents and are also paying management fees which are sufficient to allow them to lower thresholds while at the same time maintaining their competitiveness and profitability.

"While it is obviously for individual wholesalers to decide on their specific plans, we believe that good business practice and market forces will result in pharmacists being unharmed financially as a result of our new distribution arrangements," he says.

Glaxo have still to reveal their own discount intentions, though Mr Lance says the company plans to implement a separate threshold

discount scheme "early in 1992". It will be "similar in principle" to the one currently operated by wholesalers, says Mr Lance. "The discount percentages will give pharmacists the full amount available to the company after payment of agents' fees." Qualifying

levels will be based on purchases of Glaxo products.

Reacting to the Glaxo statement Unichem's chief executive Peter Dodd told C&D: "PSNC and the Department of Health have known about this for a year and they should have negotiated an agreement."



Gillette UK have won AAH Pharmaceuticals' 1991 Supplier of the Year award. AAH Pharmaceuticals' managing director David Taylor (left) presented the award, a crystal rose bowl, to Bernie McLoughlin and Nick Ryder of Gillette; on the right is AAH marketing director Alan Turner

## Philip Harris post healthy interim profits up 36pc

Philip Harris Holdings have boosted profits by 36 per cent and reduced gearing by 23 per cent in the six months to September 30.

Turnover increased by 11.3 per cent to £36.6 million.

The medical division achieved an increase in turnover of 12 per cent from £22.6m to £25.3m and the operating profit of this part of the business jumped 47 per cent to £438,000. In his chairman's statement Robert Jordan explains that losses from the training company they sold at the end of last year are included in the figures.

Moreover, "the recent withdrawal of Medicopharma UK, the third largest domestic wholesaler, from the UK market provides us with a good opportunity to increase business".

The company's education and scientific division achievement has been more modest, with turnover up under 10 per cent to £11.3m and operating profit down from £602,000 for the comparable period of 1990 to £473,000.

The reduction in gearing coupled with the fall in interest rates since last year have cut the company's interest payments by 30 per cent to £287,000 which helped to boost the pre-tax profit figure of £624,000.

The interim dividend is 2p.

## PPS take on insurance

Provincial Pharmacy Services have acquired the Pharmacy Insurance Agency for an undisclosed sum. Although PIA will be under the PPS umbrella it will be run as a separate limited company.

Following the acquisition the main objective for PPS will be to educate financial institutions, which have little knowledge of pharmacy, in what services pharmacists require.

PPS have been working closely with PIA over the last year to provide specialist financial services for pharmacists. PIA deals only with pharmacists and offers specialist services ranging from business loans to professional indemnity insurance for locums. It has also dealt with corporate finance cases.

Three new schemes within the financial services sphere are now "a far way down the road," says Mark Koziol, managing director, PPS.

These new schemes will add to the company's business transfer operation beginning next year, and the permanent recruitment service, which will be expanded in 1992.

Mr Koziol says PPS are aiming to do the same for the pharmacy financial sector as they have done for the employment agency market.

The Pharmacy Insurance Agency is now running from the PPS address at the Old Fire Station, 69 Albion Street, Birmingham B1 3EA. Tel: 021-233 0708.

## Lloyds refer Moss deal

Unichem's chief executive Peter Dodd says he is "absolutely amazed" at reports that Lloyds have reported Unichem's purchase of Moss Chemists to the Office of Fair Trading.

Lloyds' objection that Unichem already have more than 25 per cent of the wholesale market is a silly one, he said. "Moss are a self-distributor and so are excluded from the wholesale market. It is a classic example of shooting yourself in the foot."

"Lloyds are already under Monopolies and Mergers Commission investigation over their bid for Macarthy; you would think they would realise there is a time to keep your head down."

Mr Dodd said: "We own Moss. The OFT can still have an investigation and refer the deal to the MMC, though they won't until the Macarthy business is over. I don't seriously expect this."

## No end to recession in sight

The CBI is offering cold comfort to retailers in 1992 as its distributive trades survey is showing no signs the economy will recover next year.

While sales in Britain's High Streets remain above the level recorded this time last year retailers have been engaged in heavy price discounting, said the chairman of the CBI's distributive trades panel, Nigel Whittaker.

The discounting has failed to prevent a sharp rise in inflation in November, now 3.8 per cent.

Presenting the outcome of the CBI's distributive trade survey for November, Mr Whittaker said: "Retailers report that sales remain above the levels seen in the months immediately after the Gulf War, but volumes remain poor for the time of year. In December retailers expect the modest improvement in sales volumes to continue, but only as a result of continued heavy price

cutting."

With an eye to the future, he added: "While this survey suggests that discount offers are boosting trade, many customers may simply be bringing forward purchases that they would otherwise have made in the January sales or even further in to 1992."

He said retailers report that they are continuing to shed labour and expect to continue to do so at a similar rate this month, too.

Only 18 per cent of the retailers surveyed reported sales for the time of year as good, while 28 per cent characterised them as poor. Some 20 per cent of retailers also reported stocks as too high, while only 1 per cent believed they were under stocked.

The retail prices index for November was 135.6 (Jan 1987 = 100), 4.3 per cent up on a year ago.



# Sunday trading — no complete deregulation

Any long term Government proposals to reform the Sunday trading laws in England and Wales will fall short of total deregulation.

This has become clear at Westminster as Home Office Ministers come under further attack in the Commons for not enforcing the existing law despite the provocative action by leading supermarkets in opening on Sundays in the run up to Christmas.

Mrs Angela Rumbold, Home Office Minister of State, called for "a general recognition that Sunday is different" when replying to further protests about the current situation. She insisted that until there has been a definitive ruling by the European Court on the apparent conflict between the 1950 Shops Act and the European Community laws it would be "foolish" for the Government to formulate long term policy.

Mrs Rumbold's emphasis on the need to retain the different rhythm to normal trading on Sundays was quickly supported from both sides

of the House.

An all-party parliamentary motion declared support for the view that the long term solution to the Sunday trading issue lay in ensuring effective protection of shop workers against pressure to work on Sundays, and securing pay and conditions and preventing exploitation. The motion stated: "Once these crucial elements are secured the other questions become easier to solve", and urged the Government to regard them as the first steps to real progress.

## Foster Grant: new outlook

Sunglasses suppliers Foster Grant UK are now being managed by Kitty Little, the Stoke-on-Trent pot pourri public limited company. The move has been designed to spread the overheads of the two companies, Foster Grant UK chief executive Eddie Leigh told C&D.

Foster Grant UK will continue to run their sales office from their established London address but stocks are now being held at Kitty Little in Stoke on Trent.

"In the future Kitty Little may own some shares in Foster Grant UK as well," said Mr Leigh.

Foster Grant UK have had an eventful year. Formerly the Jay group, they went into receivership in August before being rescued by a management buyout the following month (C&D September 28, p543) when they changed their name to Foster Grant UK.

The company abandoned the loss-making optical side of the business to concentrate on sunglasses. However, "one of the difficulties we have had with the demise of the optical side is that we have to run what is an eight month business all year round."

Mr Leigh said that in the home market, Kitty Little and Foster Grant can now help each other.

## Tudor on the move

**Tudor Health Care have moved to Martindale House, The Green, Ruddington, Nottingham NG11 6HH. Tel: 0602 405393; fax: 0602 405388.**

## Serono relocation

**Serono's diagnostic sales and service operation has relocated to new premises. The new address is Serono Diagnostics Ltd, Technitron House, Unit 2, Redfields Business Park, Redfields Lane, Church Crookham, Fleet, Hampshire GU13 0RD. Tel: 0252 850040; fax: 0252 851597.**

## IN THE CITY

1991 has been a sparkling year for pharmaceutical shares. From the outset the sector has seen a steady rise, with much of its soaraway success led by the blue chips — Glaxo, Wellcome and Smithkline Beecham.

As a result health and household stocks have outperformed the FT All Share Index by about 40 per cent this year. Glaxo has also become Britain's biggest company with a market value of more than £21bn and last week the company held a number of institutional presentations in the City which reassured investors about its prospects.

After some weakness, the shares were recently buoyed by encouraging news from an advisory committee of the US Food and Drug Administration. There had been some concern over Glaxo's two asthma treatments, but the committee's conclusions about bronchodilators were broadly positive and helped dismiss safety worries about them.

The FDA has also provided some good news for Smithkline's Relifen. It has given a verbal approval for the arthritis drug, subject to a satisfactory conclusion of some final labelling issues. The market believes that the drug should receive the formal green light by January.

January is also expected to be an important month for Fisons. The company is said to be planning an important meeting with City institutions on its research and development programme. Although the date has yet to be fixed, the meeting comes against a background of considerable weakness in Fisons' shares due to a profits warning.

Much of its problems have been sparked by delays over US clearance for some of its key drugs, such as Tilade. The company has also failed to obtain US approval for Opticrom and Inferon, which will have an adverse impact on group profits. The warning prompted a series of downgradings from analysts who have slashed their pre-tax profit estimates by about £50m to £185m.

Reckitt & Colman have also been in retreat. At least two brokers have taken the knife to this year's forecasts due to weak trading in some of their key markets. The downgradings were triggered by Cazenove, the company's broker, and Hoare Govett. They were followed by others and the market is now looking for taxable profits of about £255m for the current year, around £15m lower than earlier estimates.

## Coming Events

### PPS on tax matters

Provincial Pharmacy Services are holding three meetings early next year to educate pharmacists on self-employed status and how to deal with the Inland Revenue.

Andrew Watts, who fought the Inland Revenue to prevent removal of the self-employed status of locums working for the optical retailer Specialeyes, will be speaking.

Meetings will be held at 7.30pm on: February 13 at the RPSGB, 1 Lambeth High Street, London; February 20 at Birmingham Medical Institute; and March 9 at the RPSGB Scottish Executive, York Place, Edinburgh. All pharmacists are invited and there is no charge, but those wishing to register a place should telephone 021-212 1346.

### Advance information

**North West Thames Regional Pharmaceutical Service.** "Return to practice" for hospital and community pharmacists starts with five study days on **February 26, March 4, 11, 18 and 25**, 10am-4pm at the Grove

Management Centre, Watford. For details contact Claire Anderson on 0865 742277.

**Oxford Regional Health Authority.**

"Hormone dependent cancers", **January 20**, 7.30pm at the Board Room, Wexham Park Hospital, Slough.

"Dissecting the Drug Tariff" by PSNC's Dr Gordon Geddes, **January 22**, 2.30-7pm at Milton Keynes Hotel and Conference Centre.

"Women's Health", **January 29**, 2.30-7pm at the Crest Hotel, High Wycombe.

"Wound management", **January 27**, 7.30pm at The University of Buckingham. Details from Claire Anderson on 0865 742277.

**South Western Regional Health Authority.**

"Respiratory disease and infection", **January 27-28**, part of the diploma in clinical pharmacy, open to all pharmacists. Details from Rae Farquharson on 0272 423271.

**The Society of Cosmetic Scientists.**

Teach-in on hair care products, **January 28-29**, The Bath Hotel, Widcombe, Bath. Cost £293.75 (non-members) and £246.75 (members). For details call on 0582 26661.

**RPSGB residential course.**

"Validation in pharmaceutical analysis", York, **January 22-24**. "Stability testing of pharmaceuticals", York, **February 11-12**. Details on 071-735 9141.

**Guild of Hospital Pharmacists The 1992 group delegates meeting** will be held at the Holiday Inn Royal Victoria, Sheffield on Saturday, February 8, commencing at 9am. Further details from Dr D. Bird on 051-236 3511.

## Boots on Sunday

Boots have joined the growing number of chain stores opening branches on Sundays in the run up to Christmas. On December 8 large stores in Brighton, Bournemouth, Worthing, Sutton Coldfield, Worcester, Merry Hill Dudley and Meadow Hall Sheffield opened, plus smaller stores in Buxton, Wandsworth, and London's Gloucester Road and Victoria Station stores were trading.

Last Sunday between 21 and 27 large Boots stores were open countrywide, plus over 21 smaller stores.

Nevertheless, a Boots spokesman said Boots policy remains unchanged and that stores were opening "by exception only".

"Our general policy is still not to open" said the spokesman, "but the decision is down to the local store manager. Where there is public demand he has the option to open."

All Boots Scottish stores open on Sunday plus seven East London stores.

■ Boots have signed an agreement to lease a 35,000sq ft store in County Mall, the new regional shopping centre at Crawley, West Sussex.

The company plans to open the store in the Spring of next year.

County Mall is expected to serve a catchment area of East and West Sussex with up to half a million residents.



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*Chemist & Druggist 'Comment' - 27th July 1991*

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The Trade Mark set out below was assigned on; 8th  
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**Odex Limited of  
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WITHOUT THE GOODWILL OF THE BUSINESS IN THE  
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Registration No.  
725440

Trade Mark  
OSMIX

Goods  
Deodorants



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2.5cm PLASTER**

**TRASICOR 80mg  
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*We wish all our  
customers and their staff  
a Merry Christmas  
and a healthy, happy and  
prosperous new year.*



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# Christmas Greetings

KNIGHTS  
FRAGRANCE

*We would like to wish all our  
customers a Merry Christmas  
and a Happy New Year  
Thank you for choosing  
Knights for your fragrance  
requirements*

*Merry Christmas and a  
prosperous new year to  
all our Customers*

**PRICE  
Master**

E&G HARRIS — LEEDS  
CRIPPS & LEE — EASTLEIGH



*We would like to thank all our  
new and existing customers for their  
continued support and wish them a  
Merry Christmas and a Prosperous  
Year in 1992.*

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**Fax: 0772 323003**

# ID Aromatics

*Wholesalers of essential oils and  
aromatics products would like to  
wish our customers a Happy  
New Year*

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Christmas and a Happy New Year*

From everyone at MILCO  
Specialist suppliers of  
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**The Generic  
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*wishes all in the trade  
'The Compliments of  
the Season'*

**0423 888866**

# TRADEMARKS

# CORRECTION

The following serves as a correction of the announcement  
made in this publication on 17th August, 1991.

The Trade Mark set out below was assigned on 4th April,  
1991 by Forum Chemicals Limited to Edward Mendell Co.,  
Inc. (a Washington Corporation) of 2981 Route 22,  
Patterson, New York, 12563, U.S.A. WITH THE  
GOODWILL of the business in the goods for which the Trade  
Mark is registered.

Trade Mark No.	Mark	Goods Specification
1223765	EXPLATAB	Chemical preparations and substances, all for use in the manufacture of tablets.

*The Chemist & Druggist Classified  
Team, wish all their clients and  
readers a Merry Christmas and a  
Prosperous New Year.*

# Sales

*Stuart Bourne  
Karen Painter*

# Production

*Amanda Gould*



# About people

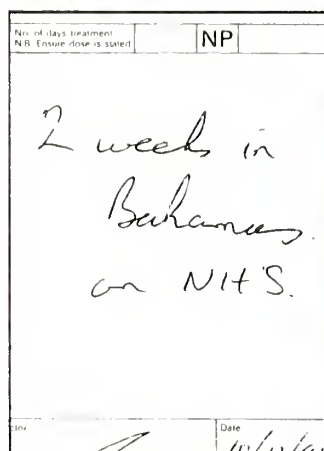
## Henderson retires from Mentholatum

Dr Ken Henderson, managing director of The Mentholatum Co Ltd is retiring after 15 years of service with the company.

On joining the company he planned its move to Slough and was also required to adopt the additional role of technical director, providing the drive for new product development.

Over a two year period he also found time to represent the company's interests and those of the industry as president of the Proprietary Association of Great Britain.

After such a busy life, Dr Henderson's colleagues are finding it difficult to believe he will don carpet slippers and slide easily into the armchair. He is said to be seriously considering a return to university to improve his knowledge of languages.



## Alternative prescribing?

A regular customer to Bush Chemists in Essex went to collect his usual repeat prescription from the surgery and while there asked for something for his general feeling of Winter blues.

The doctor replied: "I have just the thing for you," and wrote the script above...

Pharmacist Derek Bush said it was presented to him in total ignorance, duly signed by the patient as an exempt prescription. "Now that's what I call realistic prescribing!" he told C&D.



## An original winner!

Lane & Stedman recently won an award for the best maintained original shopfront in Hove, Brighton, in a local competition, aiming to show that good shopfront design is good for business.

But the traditional appeal doesn't stop at the ornate windows. Antique glass bottles are displayed inside, and the old-fashioned

drawers are still intact, despite being "not practical in this day and age," says pharmacist Indra Bakhai. The pharmacy also manufactures old-fashioned remedies on the premises — including moustache wax!

Mr Bakhai says that although the shop has recently changed hands, the traditions will continue. "Customers love it," he explains.



Dr Pam Lewis (left), marketing director of Evans Medical, presents the Evans Clinical Pharmacy Research Fellowship to Gillian Hawksworth and Dr Henry Chrystyn. Far right is the chairman of the UK CPA, Sally Shaw

## Evans award goes North

The annual Evans Medical Clinical Pharmacy Research Fellowship, worth £2,500, has been won this year by Dr Henry Chrystyn from the University of Bradford School of Pharmacy and community pharmacist Gillian Hawksworth, for a paper entitled "Therapeutic drug and biochemical monitoring in the community".

This is the third year in which

the company, in partnership with the United Kingdom Clinical Pharmacy Association, has sponsored this Award which is designed to support original ideas and proposals within clinical pharmacy practice.

Further information on entry procedures for the 1992 Fellowship will be available from the UKCPA secretary in April 1992.

## APPOINTMENTS

Merck Ltd have appointed **Chris Palmer** as director of the chemical and apparatus division. He was previously business manager for the reagents, diagnostics and apparatus division before their amalgamation to form the new C and A division.

**Michael Crowther** has joined Janssen Pharmaceutical's regional medical education and information team. A biological sciences graduate, Mr Crowther will work in the Liverpool, Manchester and Birmingham area meeting the demand for Janssen's mobile education and information units.

Fuji Photo Film (UK) Ltd's Consumer Photographic Division have appointed **David Rowley** as national account manager with special responsibility for the chemist sector, photofinishers and department stores. Mr Rowley joined Fuji from Tomy (UK) Ltd and before that spent 17 years with Mars Confectionery.

**Simon Chidgey** has been appointed sales director of Jaycare Ltd. Formerly general sales manager, Mr Chidgey joined the company in 1984 as technical sales representative. He will be based at the company's offices in North Shields.

Antigen Pharmaceuticals have announced the appointment of **Dr Arnold Worlock** as chief executive designate. He becomes chief executive on January 1, 1992.

Among five new appointments to the Medicines Commission is **Professor P.S.J. Spencer FRPharmS**. The professor, who is head of school at the Welsh School of Pharmacy, University of Wales, takes up his appointment on January 1 and will serve for four years.

## Deaths

**Percy Richard Childe MRPharmS** of 64 Backmoor Crescent, Sheffield. Mr W Patterson writes: "Percy Richard Childe qualified in July 1926 and was a Freeman of the City of London, Chemist and Optician (FSMC). Until his retirement he had two pharmacies on the East end of Sheffield and in the early days of the NHS served for a number of years on the Hours of Service Committee.

His nearest relative was Esme Childe who also worked in his business.



# Business link

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**BOLTON** - Pharmacist required in a quiet, easily run pharmacy. Newly registered considered. Telephone 0254 871563 (day) or 0204 40751 (evenings).

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### LOCUMS

**HUDDERSFIELD** - Regular locum required for one to two days a week. Please phone 0484 545351.

### SITUATIONS WANTED

**GLASGOW AREA** - Experienced locum available over the Christmas period only 27th December - 3rd January 1992. Tel: 041-634 1685 or 0403 880305.

**WALSALL / WOLVERHAMPTON /**

**CANNOCK & SURROUNDING AREAS** - Pharmacist requires management post, experienced in all aspects of retail, anything considered. Can make an immediate start. Tel: 0922 410052.

**HARROW / WEMBLEY & SURROUNDING AREAS** - Dispensing technician available for six days of the week, 9-6. Ring 081-427 3318 after 7.00pm.

**LOCUM PHARMACIST** - Experienced in retail pharmacy, with a very good disposition, requires a regular weekday in or around the London area. Tel: 081-458 2084.

**SUNDAYS / SATURDAYS** - Pharmacist available Sundays and Saturdays in London or home counties. Competitive rates. Please telephone 0255 672845 office hours.

**LOCUM PHARMACIST** available for long term locum work anywhere south of Manchester. Alternatively, available for regular days in South and Mid Wales. Tel: 0269 841333.

**NEWCASTLE UPON TYNE AND SURROUNDING AREAS** - Reliable locum seeks regular weekdays and/or alternate Saturdays. Available from January 1992. Tel (day) 091-262 3829.

**BRADFORD, LONDON, LEICESTER, PRESTON, BIRMINGHAM** and surrounding areas. Ex-proprietor with bases in above regions available from 1st Jan 1992 indefinitely. Anything considered. Reasonable rates. Tel: Mr Akhtar on (0274) 664019.

**GLASGOW AND LANARKSHIRE** - Experienced locum pharmacist available 6th to 10th January 1992 for full week or days. Telephone (03552) 30931.

### PHARMACISTS (PART-TIME)

**SHIREBROOK, DERBYS** - Part time pharmacist. Hours (approx 20)

by arrangement to help develop and promote professional aspects of business. Contact Lloyd Eagling, 0623 742221.

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**CITROEN AX JAZZ** - J reg, designer colour coded, white, private registration H1 SAM V, only 2,000 miles. Pharmacist owner leaving country. Cost new £6,250 will accept £4,950. Call Sam on 081-422 3006 or 081-423 1665.

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**SENSIQ** - £740 (trade) of stock off stand. No reasonable offer refused. Telephone 0902 405842.

**HALF PRICE** - 20 Vepesid capsules 100mg. Telephone 0624 814388.

**ZOFRAN 8MG TABLETS** 2 x 30 Expiry March 1993. Trade less 50% + VAT. Tel: 0406 25536

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**DISPENSING BALANCE** and any tablet counter in good working order. Ring 021-778 2921.

**NOMAD SYSTEM** and accessories wanted. Any quantity. Please contact 051-489 6570.

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**PHONE 24 HOURS ON 0732 359725**

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**Tixylix**

Soothes  
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FOR 1 TO 10 YEAR OLDS

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Soothes  
coughs



FOR 1 TO 10 YEAR OLDS

10   
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**Tixylix**  
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